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Memorable Years

IT is interesting to conjecture what centenaries may be celebrated in 100 years' time. In A.D. 2,049 will anyone recall the Nurses' Act, 1949, of England and Wales, or will some great medical event be specially remembered.

This year is already significant in many ways to both the medical and nursing professions, and many opportunities still lie ahead. This month, in particular, medicine and nursing have occasion to recall with gratitude and admiration two people whose vision and work made possible great national and international progress. Florence Nightingale, whose birthday is remembered in many hospitals and by many nurses throughout this and other lands, was born on May 12, 1820, and died, at the age of 90, in 1910. Edward Jenner was born on May 17, 200 years ago this year, and an article on his life appears on page 382 of this issue.

This year, too, sees the fiftieth anniversary of the first international organization of professional women, the International Council of Nurses. Founded in 1899, through the vision of an English nurse, Mrs. Bedford Fenwick, and the response she gained from the nursing leaders of other countries the nucleus of the International Council of Nurses was formed. The Interim Conference in Stockholm will celebrate this fiftieth anniversary, and approximately 4,000 nurses are expected to attend, representing over 30 countries.

This year, too, the International Hospital Federation is celebrating its re-formation with a Congress in Amsterdam, and the World Health Organization has appointed its first nurse consultant, as announced last week.

Though it is more than 100 years since the birth of Florence Nightingale and nearly thirty-nine since her death, she has a living memorial in the Florence Nightingale International Foundation. This memorial was first envisaged in 1912 at the meeting of the International Council of Nurses at Cologne but the outbreak of war prevented international work, so that it was not until 1929 that concrete proposals were made. It was suggested that the memorial to Miss Nightingale should be "of an international character, and a living memorial, not a museum." That such a memorial should take the form of an endowed foundation for post-graduate nursing education was recognised as most fitting.

In 1934, the Florence Nightingale International Foundation, as it is now known, was formed, developing from the International Council of Nurses with the League of Red Cross Societies, and through its title emphasizes its international character. Each contributing country has its own National Florence Nightingale Memorial Committee with representatives on the governing body of the International Foundation. Last year the Foundation and its relation to the International Council of Nurses was the subject of an objective study conducted by Professor Hamley, M.A., M.Sc., Ph.D., and Dr. Muriel Uprichard, M.A., Ph.D. As an outcome of this study, the proposal to re-organize the Foundation as a legal trust within the International Council of Nurses will be considered in Stockholm in June.

Through the Florence Nightingale International Foundation, trained nurses from the 13 countries which have set up National Committees, can gain the invaluable opportunity of studying the subject of their special interest, and of visiting abroad. It is a privilege that this island should have the International Headquarters here, so that many of the international students learn to know and love Miss Nightingale's country. Though the first headquarters and residence for students at 15, Manchester

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Left: *Edward Jenner, (1749 to 1823), M.D., F.R.S., the discoverer of vaccination, whose bi-centenary falls on May 17*

(*Picture by courtesy of the Director, Wellcome Historical Medical Museum*)

Square, London, was destroyed in the war, a new headquarters was obtained and established at 45, Gloucester Place, in November, 1945. The British Florence Nightingale Memorial Committee has recently opened another residence for students at Burleigh House, described in later pages of this number.

One of the strongest international links is formed by students working together and studying with a common bond of interest, and the "old internationals" are now in 45 countries of the world, creating in their own national life the place of the nurse, supported and encouraged by the knowledge that those who studied, worked and lived with them are doing the same work and meeting similar problems in their own lands. With this sense of the community of interest and endeavour the nursing profession is enriched throughout the world.

Topical Notes

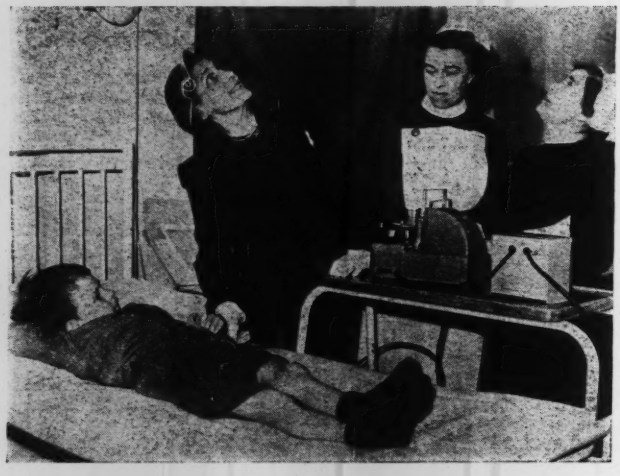
A Memorial to Miss Hillyers

NURSES all over the world shared the sadness and sense of loss caused by the sudden death, on May 19 last year, of Miss G. V. Hillyers, President of the Royal College of Nursing, and former matron of St. Thomas's Hospital. It has been suggested that friends of the late Miss G. V. Hillyers, O.B.E., might like to contribute towards a memorial to her. The form of memorial has not been decided upon definitely, but it is proposed that part of the funds collected should go towards the laying out of a garden at Burleigh House, as it was Miss Hillyers' great wish that this house should be a real home for international students taking post-graduate nursing courses. Part also of the memorial will probably take the form of something educational for the Nightingale Training School. All contributions should be sent to Miss M. E. Gould, Honorary Treasurer, Gladys Hillyers' Memorial Fund, c/o Matron's Office, St. Thomas's Hospital, London, S.E.1. If desired, contributions might be earmarked for either of the above proposals.

Nurses Discuss the Bill

THE Cowdray Hall was filled to overflowing on May 4 for the discussion on the Nurses Bill, arranged by the South Western Metropolitan Branch of the Royal College of Nursing. Other London Branches were invited and a valuable discussion was the result as those who spoke were obviously conversant with the potentialities of the Bill, and were informed on the underlying problems. Miss Houghton, M.B.E., Education Officer to the General Nursing Council, took the chair and went through the various clauses in the statement sent to the Branches from the Council of the Royal College of Nursing (see *Nursing Times*, April 30, page 354). She had attended the session in the House of Lords, on May 3, when the Bill had had its second reading. One of the first points discussed was about the wording in the title and in the definition of a nurse as a "nurse for the sick." This was agreed to be a narrow interpretation of nursing. It was suggested that it might read, "The training of nurses for the sick and for the promotion of health," but it was realized that it might be better to leave terms rather loosely defined and without too rigid definition. The question of whether doctors should be included on the General Nursing Council was discussed and it was pointed out that doctors would almost certainly be among the persons appointed by the Minister. On the subject of Nurse-Training Committees, the whole audience strongly supported the Council's proposals that the majority on these committees should be nurses. It was also suggested by one member that from the wording of the Bill the Standing Nurse-Training Committees might be taken as committees of the General Nursing Council. On the question of reciprocity for nurses training outside the United Kingdom, discussion centred on whether such reciprocity should not depend on registration rather than on schemes of training. The position was different when considering nurses training in the Colonies where registration was the goal, and those in countries where there was little expectation of State registration. The meeting agreed that detailed informed consideration was needed, but, that in any case no lowering of the standard for recognition in this country should be permitted. The further points in the Council's statement were agreed and the members expressed their appreciation of the interesting discussion and the clarification of a number of points.

Below: *Mrs. Lewis Douglas, wife of the American ambassador, shows a young patient at the Great Ormond St. Hospital for sick Children, London, how to use a film projector that projects onto the ceiling. The machine is one of several installed in British hospitals, through the efforts of Mrs. Douglas. Miss D. A. Lane, matron is on the right.*



Analgesia Research

A COMMITTEE to promote research into analgesia suitable for use by midwives has been set up by the Medical Research Council following the recommendation in the Report of the Working Party on Midwives. Sir William Gilliatt, President of the Royal College of Obstetricians and Gynaecologists, is Chairman of the Committee, and Mr. G. S. W. Organe, anaesthetist to the Westminster Hospital and Secretary of the Medical Research Council's Anaesthetics Committee is the secretary. The Committee may study the modification of administering existing analgesics as well as initiating the search for new ones. Extensive clinical trials by domiciliary midwives will probably be necessary before a final decision can be reached on analgesics which midwives can safely administer without medical supervision. Meanwhile, the Ministry of Health announces that the number of mothers receiving analgesia when delivered at home has nearly doubled since the National Health Service started. During the first six months, midwives employed by local health authorities gave gas and air analgesia in more than 40,000 home confinements, compared with 43,600 in the whole of 1947. The number of domiciliary midwives qualified to administer gas and air rose last year from 4,100 to over 5,500, and another 1,300 gas and air machines were provided for the home midwifery service. A circular has been sent to local health authorities urging the speeding up of all facilities for analgesia in childbirth, including the improved means of transport for midwives with the apparatus.

For the Aged at Home

AT the request of the Public Health Section of the Royal College of Nursing, a conference is being held at the Royal College of Nursing, on July 20 and 21, to discuss with representatives of national and voluntary bodies immediate and economic ways of helping the aged and infirm in their own homes. It is felt that this is an urgent matter and that some immediate action might result from joint discussion between the many bodies, authorities and professional people concerned with the aged. Details of the conference will be published later.

Come to the Fair

THERE is beauty at this year's British Industries Fair—beauty tempered with the realism of a determined export drive. Parts of the Dominions section have the exotic tang of a native bazaar, and the stands exhibited by British firms are a creditable national shop window. The super-abundance of home products calculates to excite the eye and lighten the pocket; but the bulk of them are destined for overseas markets. The hospital world is offered some revolutionary equipment. There is an instrument which measures the diameter of the red cells in human blood in 5 seconds. Speed and accuracy are ensured in this method by the employment of only one source of light. A substance known as D.F.P. (di-isopropyl fluorophosphonate), which was originally experimented with as a war gas, has been found useful in the treatment of glaucoma, myasthenia gravis and paralytic ileus. A firm of biological model makers have produced a realis ic model of the human eye, many times life size, which will be invaluable to both lecturers and students.

WHITLEY COUNCIL MEETING

The following statement was issued by the Secretaries of the Staff and Management sides of the Nurses' and Midwives' Whitley Council, on May 4: "Proposed increases in salaries for trained and enrolled assistant nurses in hospitals were discussed in London to-day by a Joint Committee of the Nurses' and Midwives' Whitley Council. A further meeting is to be held next week. An announcement will be made as soon as agreement is reached."

Atomic energy in Medicine: *at the British Industries Fair at Olympia, this stand is attended by Government scientists who give public demonstrations of the medical uses of radio-active isotopes*

Atomic Energy in Medicine

At the British Industries Fair is a stand at which some of the uses of radio isotopes in medicine are demonstrated by government scientists. Medical research in this field is based on the fact that the body cannot distinguish between radio active and natural (non-radio active) elements. For example, if a person were given radio iodine to drink, it would mix in the body with natural iodine and follow exactly the same paths. It would be possible, however, to trace the path of the radio iodine with special instruments. Everything that happened to the radio iodine would give a sure indication that the same thing was happening to the natural iodine. This really amounts to the "tying of a label" to a substance and tracing its course. The same principles apply to other radio elements, such as radio phosphorous, carbon, sulphur or iron. Much of what is known of the thyroid gland, its functions and the effects of certain drugs upon it, has been discovered with the help of radio iodine; if a patient is given a small dose some of it will be concentrated in the thyroid and the rest excreted in the urine. From the amount stored in the thyroid, it is possible to draw conclusions about the gland's functions. Radium and radon have, of course, been well-established in medicine for many years, and are still the most widely used of all radioactive materials.

Link with Miss Nightingale

Miss Eleanor Flowerdew, who was trained at St. Thomas' Hospital, believes that she is the last sister to visit Miss Nightingale in her home in South Street, London. It was in 1907 when Miss Flowerdew was appointed as sister to Edward Ward; she remembers clearly being

The Nurses Bill will be considered in committee in the House of Lords on Tuesday, May 17.

received by Miss Nightingale's secretary, who asked her not to stay for more than a quarter of an hour, and to talk about herself and her work. Miss Nightingale enjoyed listening to conversation, but she found it an effort to make conversation herself, so Miss Flowerdew spoke of her experiences on the children's ward where she had been working as a staff nurse. Miss Flowerdew told Miss Nightingale about a fat little girl she had been nursing who had a deformed hip, and who had undergone a new type of operation. All the time Miss Nightingale lay, smilingly acknowledging all the points in Miss Flowerdew's conversation. When the time came to take leave, Miss Nightingale said "I hope you will be as happy in your life at St. Thomas as I was in my nursing life". Miss

Miss Eleanor M. Flowerdew, a snapshot taken about the time of her visit to Miss Nightingale

Flowerdew, who is now 77 years old, remembers the scene in that sunny room very clearly. The windows looked on to Hyde Park, with all the trees in full leaf. The large bed with a white coverlet, where Miss Nightingale lay, on the side near the window for the day time, and on the side away from the window for the night time. She wore white shawls and a lacey cap and smiled sweetly, for she always liked receiving visits from her matrons, and sisters. Indeed nursing news stimulated rather than tired her. Miss Flowerdew who is living in a quiet little Suffolk village said that her nursing life had indeed been a very happy one.

SMALLPOX PRECAUTIONS

By E. A. Gates, O.B.E., M.D., M.R.C.P.

LIKE most practitioners, I suppose, I am fairly frequently filling up International Certificates of Vaccination against smallpox for travellers from England to all parts of the world. I do not know why we, in England do not take the same precautions to protect ourselves. It is true that passengers coming here by air from the Far East must have the international certificate; in this connection, it does seem a little anomalous that, though such a certificate is required of the passenger from London to Cairo, it is not necessary in travelling from Cairo to London!

It is certain, however, that we do not insist on vaccination for travellers arriving by sea. In the recent introduction of smallpox on the *S.S. Mooltan*, of the 11 cases which contracted the disease from the case on board the ship, five died. Of these, four had never been vaccinated, and the fifth, a man of 69, had not been vaccinated since infancy. Thanks to the vigilance of the Public Health Authorities throughout the country, and the cooperation of the *Mooltan's* passengers and crew, no secondary cases have been notified, but it must be remembered that these precautions of quarantine and supervision cannot be considered an impregnable defence, that loopholes must exist and that there is an increasingly large proportion of our people unprotected by vaccination and susceptible to the disease.

In other sea-borne invasions we have not been so fortunate. An epidemic started in this way in February, 1920, lasted until November, with 542 cases and 113 deaths.

In 1942, smallpox arrived in the port of Glasgow in a ship from the Far East. There were 11 cases with two deaths. Nine of these had never been vaccinated, one had been vaccinated nine years, and the other 34 years previously. A month after the arrival of this ship, cases began to arise in various parts of the city. There had been 25 cases with six deaths by the end of another month. In view of the danger of a widespread and prolonged epidemic, and of the importance of the port in wartime a general vaccination was organized. Some half million people submitted to it, and the epidemic quickly died out. The history of this outbreak draws attention to another point, the importance of the proper protection by vaccination of the crews of the ships arriving here. In this ship the majority of the crew had been vaccinated in 1940, but the ship had also a complement of 37 unvaccinated members recruited since then, and they alone among the ship's company were involved in the outbreak.*

To conclude, the United States, Canada and the Republic of South America, insist on vaccination certificates. We ought to protect ourselves in the same way.

* *British Medical Journal, November* 8, 1942.

EDWARD JENNER, M.D., F.R.S.

Bicentenary of the Birth of the Discoverer of Vaccination

By LAURENCE DOPSON

Hitherto unpublished material is included in this article, which was specially written for the *Nursing Times*. Letters from Jenner which it is believed, have not hitherto appeared in print are indicated by an asterisk(*).

(*For references see page 393*)

TWO hundred years ago, on May 17, at the Vicarage of Berkeley, in Gloucestershire, there was born Edward Jenner, who was to confer an inestimable benefit upon mankind by his discovery of vaccination. He was the last of a family of two brothers and three sisters, and his mother was 41 years of age when he was born. She was six years younger than her husband, the Vicar of Berkeley, whom she had married when he was at St. Catherine's Hospital in Regent's Park, London.[1] In 1754, when Edward was only five, he lost both parents, and for a long time Edward owed much to one of his elder brothers—Stephen.

Six Weeks Preparation for Inoculation

At the age of eight, Edward " was put under a preparatory process for inoculation with the Small-pox, by the late Mr. Holbrow, of Wotton Underedge." Inoculation had been introduced into Britain from Turkey in 1721. It was an important advance in preventive medicine, but it was dangerous, and not made less so by the barbarous method of preparing the patient. This preparation lasted six weeks, in Jenner's case. " He was bled, to ascertain whether his blood was fine ; was purged repeatedly, till he became emaciated and feeble ; was kept on very low diet, small in quantity, and dosed with a diet-drink to sweeten the blood. After this barbarism of human veterinary practice he was removed to one of the then usual inoculation stables, and haltered up with others in a terrible state of disease, although none died."[2]

Up to this time, Edward had been a fine, healthy boy, with a ruddy complexion. It is scarcely surprising that thereafter as a child he could not sleep properly and was constantly haunted by " imaginary noises." To a certain extent he grew out of these terrors and his health eventually improved, but the experience left a permanent imprint. In a hitherto unpublished letter to Dr. Baron, his neighbour and biographer, now preserved in the Royal College of Surgeons of England, Jenner wrote many years later (on May 31, 1821)[3] :

> " My nerves still vibrate too readily when touch'd by unnatural sounds. Nature built the Brain and Nerves but glasses, plates, Knives, Forks and Spoons are not of her manufactory. The sharp sounds elicited by the sudden contact of their bodies when forcibly brought together produce an effect like the splash from a stone forcibly thrown into a pool of smooth water . . . . The clatter of a dinner Table is the worst of all, from the *clickings* of Knives forks and spoons on earthen plates ; it is more annoying when there are only two or three at table, than when there is a party—perhaps from my attention being more abstracted from myself."*

Natural history early formed a fascination for Edward Jenner, and while a resident pupil with the Rev. Clessold at Wotton-under-Edge, he collected fossils and the nests of doormice. When he was 13, Jenner began his medical studies as an apprentice to Dr. Daniel Ludlow of Sodbury, and in 1770 went to London to complete his medical studies under the great John Hunter, with whom he was a resident student at Hunter's home in Jermyn Street.[4] A strong bond of friendship grew up between the two men, which lasted until Hunter's sudden death in 1793 after a board meeting at St. George's Hospital. Hunter wanted Jenner to remain with him as a demonstrator, but he preferred to return to Gloucestershire to live with his beloved brother, Stephen.

Hunter and Jenner maintained contact by correspondence, however, for in the young man, the teacher found a kindred spirit in the search for scientific truth by the experimental method. It was in a letter to Jenner that Hunter made the famous, if often misquoted, remark :

SCENES OF HIS WORK

Above left : the small summerhouse in the Chantry grounds where Jenner made his first vaccination experiment on James Phipps. Above : Jenner had this cottage built for Phipps, in return for his services as a " guinea pig ". Left : the house in Cheltenham, known locally as " the pest house ", where Jenner once lived. A plaque is to be placed on it to commemorate his association with it

"But why think,—why not try the experiment?"[5] It was Hunter who tried to console Jenner when the young doctor was bitterly disappointed in love. "I can easily conceive how you must feel," he wrote, "for you have two passions to cope with, viz., that of being disappointed in love, and that of being defeated; but both will wear out, perhaps the first soonest . . . But let her go, never mind her."[6] Good, if obvious, advice, but it could afford little real comfort where comfort was, by the facts, denied. "For several years afterwards Jenner certainly continued to feel the mortification which he had experienced," declared Baron, who quotes two letters by Jenner to his friend, Dr. Gardner of Bath: "I am jaded almost to death, my dear Gardner, by constant fatigue: that of the body I must endure; but how long I shall be able to bear that of the mind, I know not. Still the same dead weight hangs upon my heart. Would to God it would drag it from its unhappy mansion; then with what pleasure could I see an end of this silly dream of life." "As for myself, the same stream of unhappiness is still flowing in upon me; its source seems inexhaustible."[7] One wonders just how much Jenner missed of life through the unfulfilment of that early glorious love. Who the girl was has never been stated, and to-day it is probably impossible to trace her; the librarian of a leading medical library remarked to me that it was by no means an uncommon happening anyway, which those still in the ignorance of youth may consider a cynical observation.

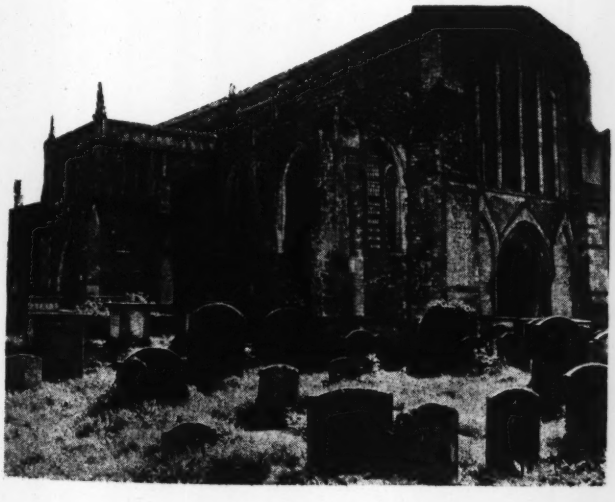
Jenner did, in point of actual fact, marry some years later—on March 6, 1788. His bride was Catherine Kingscote. "She was elegant in her manners, accomplished in her mind, and possessed an understanding of great vigour. She had been an invalid for a considerable time before her marriage, and she never, at any time, after her early years, enjoyed robust health."[8] A biographical notice of Jenner in T. D. Fosbroke's *Berkeley Manuscripts* says: "His conjugal conduct was moulded upon the proper standard, so little known and practised, of gaining permanent regard by first bestowing it; for Tacitus well said, that nothing can purchase esteem but the previous donation of the thing itself."[9] A year after the marriage, the first child, a boy, was born. John Hunter stood godfather.

A Complex Case

Jenner's practice was now so large and prosperous that he could afford to give up midwifery work and also surgery. Although surgery never attracted him greatly, he was, as befitted a student of the great Hunter, very proficient at it; his skill was well known in the case of a patient admitted to Gloucester Royal Infirmary with a complicated hernia. The senior surgeon declined to operate, considering the risk too great. The pupils at the hospital thereupon asked Jenner to come to Gloucester, which is some distance from Berkeley, and he did so. "The case was exceedingly complex, and of very nice and cautious dissection. Among other incidents in the operation, an opening into the sac was no sooner made, than the man was attacked with an impulse to vomit, which ejected upon the table on which he was placed the whole volume of intestines. His situation then required the utmost coolness, and the most adroit management. Dr. Jenner replaced the intestines in their proper situations." The man recovered and lived for 20 years more.[10]

All the time that he was building up his successful country practice, Jenner was concerned with the problem of small-pox. Although this year we have been shocked at a number of deaths from small-pox among people who were in contact with an undiagnosed case on the liner *Mooltan*, we can have little idea of what the disease meant in the days before vaccination, when it was endemic. "The small-pox," wrote Lord Macaulay, "was always present, filling the churchyards with corpses, tormenting with constant fears all whom it had not yet stricken, leaving on those whose lives it spared, the hideous traces of its power, turning the babe into a changeling at which the mother shuddered, and making the eyes and cheeks of the betrothed maiden objects of horror to the lover."[11] As has been seen in Jenner's own case, inoculation, when introduced, was hardly less a menace than the disease itself.

Below: *Berkeley Church where Jenner's father was vicar, and where the famous doctor is now buried*



Above: *The Chantry House. The open window leads into the library where Dr. Jenner was found slumped in a chair, in his fatal seizure. The day before, he wrote a letter to a small grandnephew, who used to play on the same lawn seen today. The greenhouse was also there in Jenner's time*

While still a boy and as a student apprentice of medicine, Jenner had heard that people who contracted cow-pox did not suffer from the small-pox. "My enquiry into the nature of the cow-pox commenced upwards of 25 years ago," Jenner told a House of Commons Select Committee in 1805. "My attention to this singular disease, was first excited by observing that among those who in the country I was frequently called upon to inoculate, many resisted every effort to give them small-pox. These patients I found had undergone a disease they called cow-pox, contracted by milking cows affected with a peculiar eruption of the teats . . . ."[12]

Doctors Discount Jenner's Suggestion

Jenner's genius lay in the fact that as a scientist he appreciated the possible significance of this. He made enquiries among the people. Doctors who he consulted discountenanced the suggestion that there could be anything in the idea. In a quiet phrase characteristic of him, Jenner told the Committee: "This for a while damped, but did not extinguish my ardour."

How Jenner came to test the efficacy of using cow-pox vaccination to give an artificial protection against small-pox is told in his famous paper, *An Inquiry into the Causes and Effects of the Variolae Vaccinae, a Disease discovered in some of the Western Counties of England, particularly Gloucestershire, and known by the name of the Cow Pox*, published in June, 1798. A manuscript draft for this paper is preserved in the Royal College of Surgeons, London, and the account given is taken from this MS.[13]:

> "The more accurately to observe the progress of the infection, I selected a healthy boy about eight years old for the purpose of inoculation for the Cow-Pox. The matter was taken from a suppurated sore on the hand of a dairy maid who was infected by her Master's Cows, and it was inserted on the 14th of May, 1796, into the arm of the boy, by means of two superficial incisions each about three quarters of an inch long. On the 1st of July following this boy was inoculated with matter immediately taken from a smallpox pustule. Several punctures and slight incisions were made in both his arms, and the matter was well rubbed into them, but no disease follow'd. During the whole time these experiments were going forward, the boy slept in a bed with two children, who never had been affected with either of these diseases, but neither of the children became indisposed in consequence."

"The boy" was 8-year old James Phipps; "the dairy Maid" was Sarah Nelmes. Jenner was less formal in a letter to his friend Dr. Gardner, on July 17, 1796: "But now listen to the most delightful part of my story. The boy has since been inoculated for the small pox

(*Continued on page* 392)

CORDIAL WELCOME FOR NURSES BILL

House of Lords Debate, May 3, 1949

THE Nurses Bill received a cordial welcome in the House of Lords on May 3, when it was given a second reading.

Lord Shepherd, Lord in Waiting, speaking for the Government, made particular reference to the standing nurse-training committees, to clear away some misapprehensions. Doubt was expressed by the presidents of the Royal Medical Colleges that regional examinations under the control of these committees might result in lower standards, and especially about the inclusion of the teaching hospitals in the regional machinery for this purpose. These doubts were described as groundless by Lord Shepherd, who insisted that the Minister of Health was anxious to ensure efficient training according to the plans of the General Nursing Council.

Comments on the finances of the General Nursing Council under the new scheme were particularly directed against any increase of fees for examination and registration to increase its income. In the subsequent stages of the Bill statements are expected on suggestions for the re-opening of the Register, the presentation of an annual report by the General Nursing Council, and the periodical publication of the Register.

When moving the second reading of the Bill, Lord Shepherd, in a short historical survey which prefaced his explanation of the principal points in the Bill, mentioned the work of Florence Nightingale in the Crimean War, the fact that statutory form was given to the training of nurses in 1919, and the fact that the introduction of this Bill followed the second World War; but he said it would be wrong to think only of wars as providing the main reason for public notice of the necessity of training nurses. Tens of thousands of men and women through several generations had given either of their wealth or of their services to render possible the great hospital system of the country and the present standard of nursing.

Second to None

In the 30 years since the 1919 Act great changes had taken place. The status of the profession had risen, and it could be claimed that Britain enjoyed a nursing service second to none in the world. Despite all the work that had been done we had not sufficient nurses; there was far too much wastage in the training of nurses; and the hospitals were too much dependent on probationers for the services they required. There still remained a chronic shortage of nurses, amounting now to about 46,000. Of the 127,000 full-time nurses only 45,000, or 30 per cent., were fully trained. From these figures it was apparent that something in the nature of this Bill was required to give the hospital services the staff they would require. The hospitals were now giving free service to vast numbers of people who, for the first time, were able to go to such institutions for their treatment. In addition there had been the developments in industry and elsewhere leading to greater employment of nurses.

Most of the important proposals of the expert Working Party under Sir Robert Wood, who reported in 1947, would need legislation, and would ultimately come before Parliament, but the Government had, by administration, put into operation some of the proposals that the Working Party made. They were now experimenting in the selection of student nurses to make sure that the material entering would be suitable. They were experimenting also with the further training of registered nurses for higher positions, and in connection with that were receiving help from the Royal College of Nursing, King Edward's Hospital Fund, and the General Nursing Council. Research recommended by the Working Party was now being carried on by the Nuffield Provincial Hospitals Trust to decide the kind of jobs that had to be performs in hospitals and the labour and staff that would be required to carry out the work properly. Some were looking forward keenly to that report, because it was possible that after studying it they might see much more clearly than in the past what was actually required of trained nursing staff.

Wide Discussions

The Bill was a finely balanced document, trying to please as many as possible of the parties interested in nursing. The Minister of Health had been at pains to ascertain the views of all the organizations representing the nursing profession, the medical profession, the local authorities, and the regional hospital boards and boards of governors. The subject had been discussed at representative meetings of all those interests, and the Minister's views had been considerably modified in the light of the opinions expressed. While it could not be claimed that the provisions of the Bill would satisfy every interested party, it was certain that the Bill had been framed with full knowledge of and careful regard to the views of all the responsible organizations.

After describing the proposed new constitution of the General Nursing Council, he said it should be apparent that the new council should carry the confidence of the nursing profession, and would, therefore, be of great value, especially in the training of nurses. The new statutory committee relating to mental nurses would have referred to it without question all matters coming before the General Nursing Council which referred to mental nursing, and would report back to the General Council when decisions had been reached. In all probability the medical and other professions would receive notice of the members to be appointed by the Minister to this committee, and would certainly be consulted in respect of the appointments.

The Nurse-Training Committees

The nurse-training committees were of considerable importance, and around them controversy might easily arise unless it was fully understood what they were for. The Government accepted the Working Party's view that under present arrangements the training of nurses tended to be subordinated to the staffing needs of hospitals, and their conclusion that as far as practicable training should be dealt with independently of hospital administration—in particular, that the finance of training should be separated from the finance of administration. How far, in the circumstances attending the administration of the hospital service, the student nurse could be given the full status which the Working Party recognized as the ideal, remained to be seen. The Bill, while leaving this question open, created the conditions in which the answer to it might be evolved by trial and experiment. It provided for regional committees, independent of the hospital authorities, whose main duty it would be to coordinate training arrangements, and it provided for the expense of training to be separated from the expenses of hospital administration.

The membership of these standing nurse-training committees would be defined ultimately by the Minister by order. That principle was adopted because it would be difficult to find any kind of committee which could conveniently function everywhere, and especially as conditions changed from area to area. By taking power in this way the Minister could, after proper consultation, build up standing committees to meet the requirements of respective areas. The principal view of the Minister in establishing these committees was, first, that the General Nursing Council was too far removed from the students themselves; therefore the Council had meant less to the nurses in training than was justified or useful. These committees would have the duty of advising hospital management committees, the boards of governors of teaching hospitals, and any other authority in the preparation and carrying out of schemes of training.

Opportunity for Experiment

The General Nursing Council was given power to introduce experimental training. It would be the duty of the Council to lay down, in rules to be ultimately approved by Parliament, the kind of training that would, in general, operate. The experience had been that rules and regulations of this kind remained unaltered far too long; sometimes they became so fixed that they did not keep up with the progress of events. The General Council was to be given authority so that, outside the rules which received Parliamentary sanction, they might from time to time give authority for experimental training schemes. The suggestions about the student nurse status was one of the matters that could be brought in under this clause. Where, in a particular locality, the bodies concerned were anxious to put it into operation as a matter of trial, it would be within the power of the General Nursing Council to authorize and approve such a scheme. So numerous were the theories about the training of nurses, many of which could be settled only after a course of trial and error, that this clause ought to prove very useful.

Finally, he mentioned that because of the great expense and trouble involved in publishing a Register, the General Council had sought to be relieved from that obligation. If, in the future, they considered it desirable that the Register should be printed, the Bill would not prevent them from doing so. The Register would be maintained by the Council in its offices, and that would be the only authentic document which would receive consideration in the courts or elsewhere.

Lord Llewellin expressed, on behalf of the Opposition, "a kindly welcome" for the Bill, and recalled that Viscount Addison, the Leader of the House, introduced the 1919 Act when Minister of Health. He referred to the anxiety of some nurses about the future of the Register. It cost about £6,000 a year to publish it. But, with the proposals for the election of nurses, the Register would become an electoral register, and he would propose at a later stage that it should be made obligatory on the General Nursing Council to publish the Register once every five years—a year before the election took place. This would provide a Register right for the election and at the same time relieve the anxieties of nurses. The election by areas was one of the main provisions of the new measure, and was a good idea. In the past, the General Nursing Council had consisted largely of people from London

hospitals, who were, no doubt, eminent representatives, but it was a good thing that the representation should be more widely spread.

He asked if it was the Minister's intention to include any doctors among the representatives he was required to appoint to the General Council. They would all agree that the training of nurses should be mainly in their own hands, but it was important that from the start the liaison between doctors and nurses should be complete.

He liked the idea of experimental training. One of the most depressing things about the nursing profession was the number of student nurses who never finished the course. About 25 per cent. of those who left too early resigned for no very apparent reason. He believed it would be possible to retain more of the student nurses if more imagination were shown in their training in hospital, if there were a little less drudgery put upon them when domestic staff was short. On the power given to the standing nurse-training committees to conduct examinations, he expressed the hope that certificates would be awarded only through the General Nursing Council, so that there would be a general standard for all admitted to the list and no diversity caused by the training committees adopting different standards and giving different certificates. He was also glad that mental nurses were to be given their own committee and a definite place on the General Council.

Financial Problems

Commenting on the financial position of the General Council, he said that in the past their only source of revenue had been fees for registration and examinations. In March, 1948, the deficit stood at £18,000, although the balance sheet showed that they made £5,000 on the sale of investments. The anticipated deficit for this year was £33,000. They might save £6,000 a year by not having to publish the Register. Although they were now to be allowed to take a lump registration fee, it would be of only temporary help. Under this measure there would be increased expenses. The Council would have to make payment for training nurses to hospitals and other bodies; to pay the expenditure of 14 standing nurse-training committees, and to pay members of the Council and their travelling expenses.

The only money they would receive under the Bill was for the inspection of institutions. That he supposed was the amount of £9,500 in the estimates for this year. He asked if there were to be further clauses inserted in the Bill in the House of Commons, and if they would be backed by a money resolution. If not, were the Government satisfied that, with all its commitments the General Nursing Council would be able to pay its way. The one thing to be avoided was a position in which the Council would be forced to increase its fees for examination or registration.

Lord Amulree, joining in the welcome, suggested that it would greatly strengthen the General Nursing Council and make it a much more satisfactory body if there were medical representation on it. He thought that the continuing deficiency of nurses, in spite of the increasing number of student nurses compared with before the war, was due to the fact that they now worked in shifts, and had a 96-hour fortnight, in place of the much longer hours that formerly applied, and that it was unlikely that this gap would ever be filled entirely. He was not even sure that it was a good thing that it should be, because the type of young women now being taken in were well-trained and educated, and he was not sure that we could afford to have a great number of these people taking care of the sick. Therefore, he suggested that the new Council should make up its mind what functions a nurse should perform and keep her firmly to those functions, and not let her waste her time doing things which were not strictly nursing matters. The Council might also give attention to the large number of young girls who had a real vocation for taking care of the sick, but were not very good at dealing with the complicated training and stiff examinations required of the modern nurse.

He questioned putting the entire responsibility for the training of nurses on the nurse-training committees. Although a great deal should be done by them the final charge must be that of the management committees and boards of governors of the various hospitals. Some medical opinion should be given about the kind of training that was necessary. It might also be an advantage if the boards of governors had direct access to the Nursing Council. At present they had no contact with the regional hospital boards. He agreed that it would be a great advantage if the Register could be published at intervals. If this could not be done, there should be no objection to the Register being perfectly free for inspection.

Separate Funds

Lord Moran said that the crux of the Bill was in Clauses 4, 5 and 6, which, for the first time, separated the funds of nurse training from the general hospital budget. In those few words, nurses had been given self-government in regard to their training. In the past, nursing training had been starved financially. But what mattered more was that too often the hospital treated the nurse as a pair of hands, and what she did was governed by its need of cheap labour. What the House was doing that day was to give the nurse a charter of freedom in regard to her training. This was a milestone in the history of the training of nurses, and he added his congratulations to the Minister on doing what he, personally, had impatiently awaited for 40 years. Another provision almost equally important was that of bringing the standard of efficiency of the smaller hospitals up to the level of the best. In the past there, undoubtedly, had been a feeling on the part of the smaller hospitals that the great teaching hospitals had not been sufficiently familiar with their needs and difficulties.

Grave Dangers

Every one would welcome the fact that there had been a bridge put between the teaching hospitals and the smaller hospitals in the shape of the standing nurse-training committees. If—and this was very important—the nurses were in a majority on them, everyone would welcome the fact that these committees had been established, and would welcome the financial powers given to them. But it was another story when they came to the other executive function of these committees, that of examining. The central State examination, established in 1919, had done a great deal to raise the minimum standards everywhere. From now onwards he was afraid they would have to admit there would be no national minimum standard, and some of them feared there might be a lowering of the standard, because it would be difficult for these regional committees, under the pressure of local opinion, which was, naturally, agitated by the desire to get nurses, to maintain the standards as they had been in the past. The more they were driven to shifts and expedients to meet the shortage of nurses, the more essential it was that they should preserve, somehow and somewhere, the standard they had known in the past and to which they could refer if they had taken the wrong turning and had to retrace their steps.

That was why he and others felt some concern that the teaching hospitals were put into regional machinery for this purpose of training nurses. This was the first departure from the principle laid down by the Minister in the National Health Service Act that teaching hospitals should be kept outside the regions, so that the "growing edge" of medicine should not be blunted. He had no doubt at all from experience that the Minister was right in taking that decision; it was a far-sighted step. He would be told that the training of doctors and nurses was not analagous, that the teaching hospitals taught only a fraction—although a large and important fraction—of nurses. But it was not quantity with which they were concerned, but quality. The teaching hospitals had spent 10 or 15 times more money in training nurses than other hospitals. At a time when nurses were tremendously short they took nurses out of the wards for a six-weeks' course of theoretical training—thus showing courage comparable to that of Mr. Churchill when, in a time of emergency, he sent aircraft to the Middle East although we had practically none at home. They recognized, too, that a nurse must be more than an apprentice, they had trained her in the elements of the basic sciences, and they had constantly sent nurses to all parts of the country to become sisters in hospitals where they set up new standards. It was true that it was not only in the teaching hospitals that this was done, but it was mainly there. In these hospitals there was the "growing edge" of nursing, and he looked with grave misgiving on the possibility that the edge should be blunted by putting these hospitals under the regions.

Delays

Lord Crook, supporting the Bill, said he feared that the powers of experiment given to the Council, might cause delay in reaching decisions on general principles which would help to solve the shortage of nurses. It seemed to mean that the three years' general training argument might be shelved for something like 10 years. They could not hope to start planning an experiment before the middle of 1951 and it would not be embarked upon until 1952. If the experiment ran the whole period of three years, which they might expect to be the minimum, the year 1956 became the year for decision on whether there should be certification at the end of two years or whether the three-year period was to be maintained. But if the Health Service was to be maintained, a decision on a vital question of this kind could not be put off for a long period.

The number of women available for employment would drop by 300,000 or so in the next few years. If the total number of girls leaving grammar schools between the ages of 16 and 18—30,000—were devoted to the nursing profession, it would not be enough. For that reason, he concluded that the carrying out of the real student status idea, as desired so much by the nursing profession, would remain a dream for a considerable number of years, and that there would be more and more difficulty in staffing the hospitals. While welcoming the new powers of the General Nursing Council, they were bound to ask that firm and definite decisions on the general staffing problems of hospitals as a whole should be forthcoming from the Government during the next twelve months.

After suggesting that there should be some form of annual report from the General Nursing Council to the Ministry, and welcoming the new provisions in regard to mental nurses, he supported what Lord Llewellin had said about its finance. He did not want to see an increase in the fees payable for examinations. Many of them failed to understand why fees for examinations should be expected in the future set-up. Nor did he want to see a high fee for registration. He did

ot object to the payment by nurses of some fee, but he did not want the fee imposed merely to provide for the Nursing Council finances, which probably ought to be provided by the Government. A further suggestion he made was that there should be the possibility, inside the 14 regions, for at least half the elected representatives to be not above the rank of departmental sister. The Council should not be a body consisting entirely of matrons. It would give satisfaction to the profession that some of the rank-and-file people who had to do the ordinary day-to-day work of the hospitals should sit on the body that that was controlling their welfare.

Towards Undergraduate Status

Lord Webb-Johnson said that he, naturally, welcomed the introduction of a measure providing for the independent financing of the training of nurses, apart from the payment for their services, since he had been pressing for it for years, and had often urged that the status of the student nurse should be equal to that of a university undergraduate and that she should have equal collegiate amenities. He had had the unique privilege of planning a nurses' college, the result of an individual gift from that generous-hearted man, Colonel John Astor. That gift provided, in one of London's hospitals, a nurses' college equal to any to be found in any of the older universities.

He was disappointed that the General Nursing Council should have been selected as the body for the general control of funds for this purpose. If the original anxiety was to separate educational grants from ordinary hospital maintenance grants, it would have seemed better that those grants should reach the nurses through some other channel than from the Exchequer; the grants should pass either through the Ministry of Education or some body comparable to the University Grants Committee. If it was ultimately decided that the General Nursing Council should be the body to administer these funds, then, indeed, the constitution of the Council became of paramount importance.

Fear of Control

He suggested that the standing nurse training committees would be better called " councils." That would avoid the possibility of their appearing to be subservient to some other body in the region. The regional boards were to appoint some of the members, and to be responsible for providing officers, servants and accommodation. That, to his mind, made it inevitable that these committees would be largely under the control of the regional boards. If this was so, he agreed with Lord Moran that it was a matter for great anxiety if the teaching hospitals were to be brought under the control of such committees and of the regional boards.

He called attention, as some of the other speakers had done, to the provision in Clause 8, under which a person trained abroad in an hospital might be admitted to the Register, and suggested that opportunity might have been taken to reopen the Register. The numbers affected might not be large, but the injustice might be great. The Minister was urging married women who were qualified in nursing and could spare some part of their time to return to the hospitals and help. Surely, at some time, it should be possible for them to be put on the Register and accepted as State-registered nurses. He also hoped the Government could consider accepting an amendment empowering the General Nursing Council to recognize post-graduate courses and register extra qualifications obtained, otherwise there would be great anxiety that nurses with extra qualifications would not be fairly treated.

Replying to the debate, **Lord Shepherd** said the suggestion that the Register should be published every five years could be considered in the Committee stage. There were serious reasons which prompted the General Council to ask to be relieved of the obligation. Not merely did it cost £6,000 or £7,000 a year, but only 200 copies were published, and of these only 140 were sold.

It was the Government's policy to relieve nurses of all work not requiring nursing skill, and this had recently been brought to the attention of hospital management committees. Since June, 1947, the numbers of domestic employees in hospitals had risen from 117,000 to 123,000. As for the increased expenditure which would fall on the General Council, it was the purpose of the Government, and made clear in the Bill, that grants would be made not merely to the Council, but through it to the training committees, to cover the cost of training. Indeed, the expenditure of hospital management committees having relation to training within the hospitals would also be chargeable, through the training committees and the Council, to the Government.

Consultations on Appointments

In all appointments by the Minister to the General Council or the nurse-training committees there would be consultation with the various organizations representative of the medical and other professions. The Minister had, for many years past, included medical representatives and hospital administrators among his nominees to the General Nursing Council, and there was no reason to suppose that any change in this practice was likely in future. In this matter the Bill followed the lines of the 1919 Act, and the Minister felt that it should be left as it stood. It would be open to the regional hospital boards or the boards of governors of teaching hospitals to include medical representatives among the members to be appointed by them to the standing nurse-training committees, and the Minister considered that, at present, it was unnecessary to specify this more precisely. There was no reason to think that disclaimed hospitals would be prejudiced.

The Teaching Hospitals

There need be no fear on the part of Lord Moran that the standard of training would be lowered by reason of the regional examinations. Not only would the General Council be involved, but the Minister would be anxious to ensure that the training should be efficiently done, in accordance with the plans laid down by the Council. The position as occupied by the teaching hospitals in relation to medicine was unique, but the same analogy could not be drawn in respect to nurses, in which the teaching hospitals occupied only a small part of the field. In the view of the Ministry it would be most detrimental to nurse training to seek to separate this small part from the rest. Under the Bill the teaching hospitals would be given the opportunity to raise the whole level of nurse training throughout the country. They could not make their influence felt if they were kept in isolation.

Consideration was being given to the point whether the General Nursing Council should present a report to the Minister and he hoped that on the Committee stage they might be able to say something more about it. On the point about the persons who had been affected because they had failed to register when opportunities were given, it was probably true to say that those who had been responsible for nurse training had not been particularly glad to re-open these matters, but there had been a change of opinion, and he hoped that it might be possible, by the Committee stage, to give some indication whether the lists could be re-opened for registration.

In regard to young people under 18, a number of pre-nursing courses had been arranged throughout the country in cooperation with the Ministry of Education, but in many districts it was not possible to obtain sufficient students to make those courses worth while. In any case, the pre-nursing course was not by itself sufficient to bridge the gap, and a satisfactory method was thought to be the employment of young girls in hospitals on suitable work, coupled with a continuance of their education. The Ministry was now working out a scheme on those lines in consultation with the General Nursing Council.

The Bill was read a second time.

A NEW NURSES' LEAGUE AT BELFAST

Left : Miss F. E. Elliott, matron, (second from left) at the inaugural meeting of the newly-formed Nurses' League, at the Royal Victoria Hospital, Belfast, when Miss A. E. Mussom (right) was elected president, with Miss A. Montague (left) and a former Royal Victoria Hospital nurse, Mrs. R. J. Russel

Coming Events

The Nurses' Christian Movement.—A summer school will be held from May 21 to May 28, at Elfinsward, near Haywards Heath, Sussex. All nurses are welcome. Apply to the *General Secretary, Nurses' Christian Movement, 3, Cromwell Place, London, S.W.7.*

Queen Alexandra's Royal Naval Nursing Service and Reserve.—On Saturday, June 11, at 3.30 p.m. at 6, Stanhope Gate, Park Lane, London, W.1, there will be a reunion of Nursing Officers.

Society of Mental Nurses.—The annual general meeting will be held on May 14, at 3.30 p.m., at the Royal College of Nursing. All interested in Mental nursing are invited.

The Institute of Sociology.—On May 24, at 5.30 p.m., there will be a discussion meeting in the Council Room of the Royal Institute of British Architects, Portland Place, S.W.1. Mrs. Monica Felton (Chairman of the Peterlee Development Corporation), will speak on *New Towns.* Write to University House, Victoria Park Square, London, E.2, and an invitation will be forwarded.

THE ROMANCE OF PREVENTIVE MEDICINE*

III.—Modern Discoveries

By A. T. ELDER, M.D., B.Hy., D.P.H., Deputy Chief Medical Officer, Ministry of Health and Local Government, Northern Ireland, Northern Ireland Representative, Health Visitors' Training and Examination Committee of the Royal Sanitary Institute

THERE was no need to fear that the public would be bullied into health. There were, fortunately, other ways of making people take an interest in community health, and no better way than by a series of dramatic discoveries by men of science during the past 100 years, a series of discoveries unparalleled at any time since the world began.

We have mentioned Robert Koch and his discovery in 1882 of the tubercle bacillus as being the cause of tuberculosis. About 1885, Claude Bernard was making the first discoveries concerning the glycogenic functions of the liver, and Addison, at Guy's Hospital, London, was carrying out his early work on the suprarenal glands. A great deal of work had been done in investigation of the function of the pancreas in relation to diabetes, before the correlation of the one with the other was known about 1913. But it was not till 1922 that Banting and Best, in Canada, made their great discovery that an internal secretion from the Islets of Langerhans, a special tissue of the pancreas, could control diabetes, and to this internal secretion they gave the name insulin.

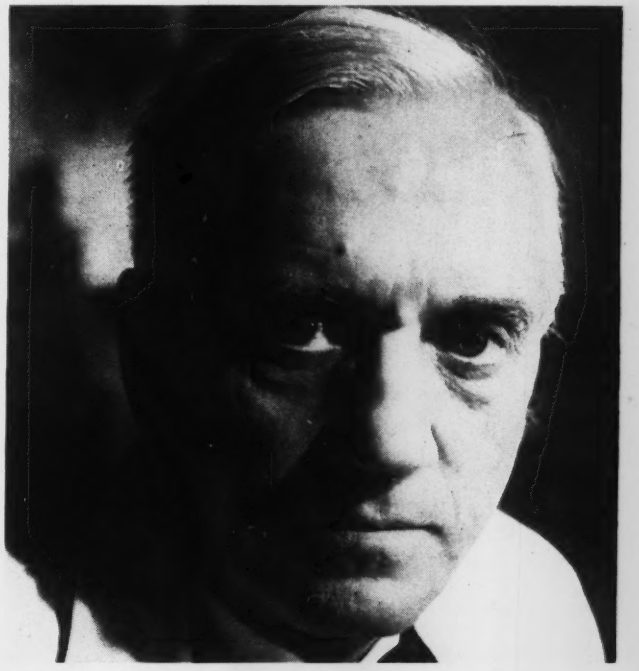
Conquering Diphtheria

We owe early knowledge of the toxic properties of disease of the thyroid to the Dublin physician, Graves, whose name is associated with the condition known as exophthalmic goitre.

I have mentioned Emil Behring. An Army doctor and pupil of Robert Koch, he worked long and patiently in his laboratory, month in, month out, trying to prevent, by the use of chemicals, guinea pigs from dying of diphtheria. One day he was struck by the fact that guinea pigs which survived an attack of the disease were no longer capable of being infected. They were, in other words, immune! It was only after much trial and error that he hit on the idea of making a soup of the diphtheria germs, straining it and using the cleared fluid to prove the existence of the diphtheria poison. Roux, a Frenchman, had previously declared that it was not the diphtheria germ itself but its poison which caused death. From the blood of the immune guinea pigs, Behring separated off the serum which acted as the antidote to his toxin and so came the discovery of diphtheria antitoxin. This was about the year 1888—not so long ago, but in spite of this knowledge of some 60 years' duration, children still die of diphtheria. So do inaction and apathy nullify the usefulness of the great discoveries. The names of Klebs and Loeffler are, of course, associated with the discovery of the actual germ of diphtheria.

About 1889, in America, Theobald Smith was discovering that Texas fever, most killing of cattle diseases, was associated with the bite of a tick, and that something in the tick was an ultramicroscopic particle. So was the first discovery of the virus causation of disease made; and its transmission through the egg of the tick to the future generations of ticks led to a discovery of great importance and added much more information to the growing store of knowledge on immunity.

* *A lecture arranged by the Royal College of Nursing for Health Visitor Students in Northern Ireland*



Sir Alexander Fleming, discoverer of penicillin, photographed in his laboratory at St. Mary's Hospital, Paddington, London. His discovery has helped to combat a variety of diseases, as described in this article

One example of the far reaching effects of scientific discovery is the prevention of typhus fever, epidemics of which date back to 1500. The discovery of D.D.T. by Muller, a Swiss chemist, in 1943, had a world wide effect during the second world war ; Below : *Basuto troops are treated in Middle East*

Tropical Discoveries

There were great discoveries taking place in other parts of the world at the same time. Bruce, a Scotch surgeon-major, was carrying out his work on the trypanosomes of sleeping sickness in South Africa and showing that they were conveyed by biting flies. About 1876, Patrick Manson, working India, had made his initial discoveries on filariasis and had propounded his theory that mosquitoes were somehow connected with the spread of malaria. Laveran, a French Army surgeon, discovered that the plasmodium was the cause of malaria. It was not until 1895 that (Sir) Ronald Ross, working painstakingly in Secunderabad in the Hyderabad State of India, discovered, after dissecting thousands of mosquitoes, that the mosquito actually was the vector of the disease, and carried the plasmodium in its body from sufferer to future victim.

On June 25, 1900, Major Walter Reed went to Cuba with orders to give "special attention to questions relating to the cause and prevention of yellow fever." The work of Reed and his co-workers on the Commission to Cuba solved the mystery of the mosquito and its role as the vector of the virus of yellow fever. Later, Havana was cleared in nine months of the scourge

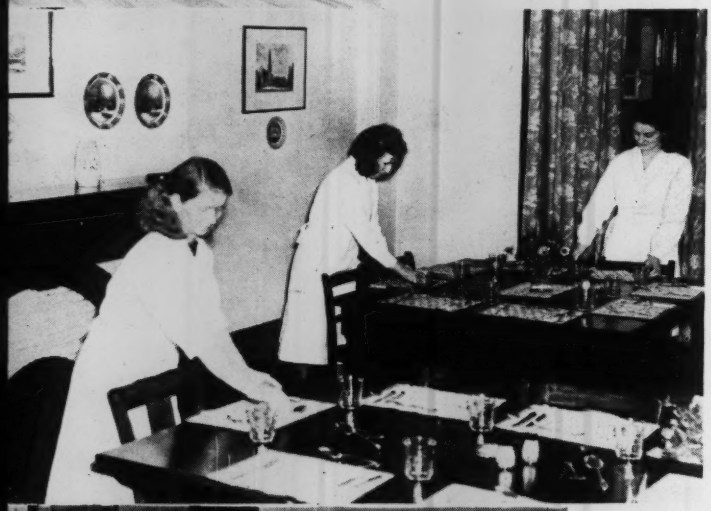
(*Continued on page* 390)

BURLEIGH HOUSE

A Home in London—

MANY nurses will remember the old residence for international nurses at 15 Manchester Square. With the event of war, students from foreign countries had to return home, and a great tragedy occurred when the house was struck in the bombing of London and was not able to be repaired. With the coming of peace, international students have returned to England. A new residence, Burleigh House has been provided by the generosity of Joint Committee the British Red Cross Society and the Order of St. John of Jerusalem and, since last September, the house has been the residence of nurses from many lands who are taking courses at the Royal College of Nursing.

Many of the students are Florence Nightingale International Foundation scholars; with others taking courses at the Royal College of Nursing. Burleigh House consists of numbers 173 and 175 Cromwell Road, London S.W.5., and the house is lofty and beautifully adapted to accommodate 40 students. Miss J. Patterson, C.B.E., R.R.C., the Warden, a trainee of the Middlesex Hospital, held the appointment of Chief Principal Matron, Queen Alexandra's Imperial Military Nursing Service, in India, from 1943 to 1947. She has made the house a very happy place in which to live and is ably helped by the Assistant Warden,



Top : *a corner of a student's bedroom. Miss Parker has been in Queen Elizabeth's Colonial Nursing Service in East Africa and is now taking the Sister Tutor Course at the Royal College of Nursing*
Left : *laying the attractive small tables in the dining-room*

Below : *preparing for lunch in the kitchen. On the left is Miss Odamtten who enjoys her busy life in England, cooking for 42 students and staff*

Miss N. M. Liddiard who trained at the London Hospital and served in the Territorial Army Nursing Service till 1945, when she took the Nurse Administrators' Course at the Royal College of Nursing.

A number of the students at Burleigh House, as, for example, those who are health visitors and are now taking the course in Public Health Administration, have not experienced communal life for many years. Here, where each student has her own room, it is possible to have privacy and yet to share in community life. There are two dining-rooms with small and large tables. There is a pleasant library, furnished by the "Old International Association" and it has a good reference library. There is a beautiful drawing-room with plenty of comfortable chairs,

—For International Students

and behind the two houses is a garden. The bedrooms all have hot and cold water and electric fires. Each room is attractive and individual. When students are away on courses or on holiday, it is sometimes possible for other nurses to stay for short periods at Burleigh House at special terms.

All the cooking for this large family is done on Aga stoves, and the chief cook is Miss D. M. Odamtten, from the Gold Coast, who has a Domestic Science Diploma of the Chelsea Polytechnic. She cooks for nearly 50 people every day. Most of the students are out for lunch during the week, but it is possible for them to lunch at Burleigh House if they wish to do so.

Queen Mary paid an informal visit to Burleigh House recently, and every student had an opportunity to talk to Her Majesty who was greatly interested in all they told her. After her visit, Queen Mary sent signed copies of books about the Royal Family and these are already among the treasured possessions of Burleigh House.

It is impossible to name all the international students, but they come from countries as far flung as Australia, India and China. From the North, come nurses from Norway and Finland, while Switzerland and Greece are two of the more Southern European countries represented. The courses taken by the students are varied. Many are taking the Sister Tutor Course and the Course in Hospital Administration. Two British students are taking the Dietetic Course and other students including those from Malaya and India are taking the Health Visitors' Course.

Her Grace the Duchess of Marlborough and Members of the Florence Nightingale Memorial Committee are holding an "at home" on May 19 to celebrate the opening of this new house for "Internationals".

Above centre: *Burleigh House is two houses joined together. On the right are some of the students on the library balcony*

Below centre: *Saturday morning study in the library by three Indian students, Miss Nelson, Miss Thomas and Miss Sen*

Above: *a very international group of students with Miss Liddiard (standing); who is Assistant Warden. In the picture are students from England, Greece, Norway and India*

Right: *Miss J. Patterson, C.B.E., R.R.C., the Warden of Burleigh House is reading one of the books given to Burleigh House by Queen Mary*

Below: *four post-certificate nursing students from Greece, England, India and Switzerland*

NURSES OF MANY NATIONS STUDY TOGETHER IN ENGLAND

of yellow fever by General Gorgas. The final story of the increasing safety of tropic lands lies in the application of the knowledge gained by these great men, so that by the clearing of swamps, the destruction of breeding grounds of mosquitoes and flies by the introduction of D.D.T. (in recent years) and various other sprays, and the modern use of mepacrine and single doses of the powerful new drug, "paludrin," man need no longer fear the tropics. Indeed, with the introduction of electric fans and air conditioning, the purification of waters by filtration and chlorination, and the harnessing of river-power for great hydro-electric irrigation schemes, mankind has gained great tracts of new territory for the safe expansion of the human race.

Eberth discovered the typhoid bacillus in 1880, and the vaccine against typhoid fever was being used by Almroth Wright during the Boer War.

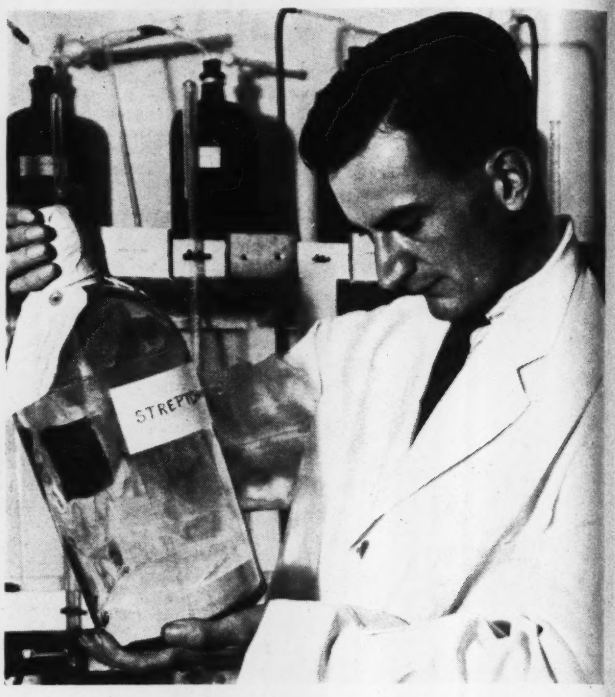
The T.A.B. vaccine was applied, during the first world war, to some millions of troops since when its efficiency has never been questioned. The practical uses of antitetanus serum and the tetanus toxoid date to the first world war, but it was the second world war which demonstrated the real worth and lasting value of single courses of the toxoid as a means of preventing tetanus.

History of Typhus

Knowledge of typhus fever as a disease, known variously as gaol or camp fever, dates back to 1500. It raged in Europe during the 30 Years' War. In 1812, it pursued the French during the retreat from Moscow. In 1855, it caused shocking losses in the Crimea. During the 1914-18 war the deaths from typhus in Serbia in one winter numbered 150,000. There were six major epidemics in Britain and Ireland in the 19th century, and the first three and the fifth spread from Ireland to Great Britain. The discoveries that the vectors of the viruses of the typhus group of fevers were the louse and the flea, the tick and the mite, were recently capped by the discovery of D.D.T. powder by Paul Muller, a Swiss chemist, in 1943. He found the means of destroying the vectors speedily and with little trouble to mankind. The chapter is concluded by the introduction of antityphus vaccine during the second world war. This is produced by cultivating the virus in living chick embyros. We had a good example of the effectiveness of modern antityphus control last summer in County Tyrone.

Revolutionary Modern Drugs

The discovery by Robert Koch of the tubercle bacillus led him to postulate his tuberculin, extracted from the bodies of the germs, as a cure for tuberculosis. Koch, however, was wrong. But both cure and prevention are on the way, because in France during the early part of this century, Calmette and Guerin were experimenting with a living but attenuated strain of the tubercle bacillus, which they fed to children of tuberculous parents. This, now known as the B.C.G. vaccine, has been given extensive trials in Norway, Sweden and Denmark by being given by injection rather than by mouth, and results are sufficiently good to warrant the introduction of the vaccine into the United Kingdom, the most conservative of countries. Streptomycin,



Streptomycin in the treatment of tuberculosis: experiments have given encouraging results in tuberculous meningitis and in certain cases of miliary tuberculosis. **Above:** *the drug in sterile solid form*

an antibiotic like penicillin, is giving encouraging results in the treatment of tuberculosis.

To Paul Ehrlich goes the credit of the discovery of the salvarsan group of drugs in the treatment of syphilis in 1909, but the discovery of penicillin has, of course, revolutionized the treatment of venereal diseases. Discovered first by Fleming in 1928, it was only during the 1939-45 war that Florey showed how penicillin could be made a practical possibility in the prevention of wound infections, and the Americans first produced the wonderful remedy in bulk for the combined armies.

Much good work has been accomplished in the control of pyogenic infections by the discovery of the sulphonamide drugs, first evolved from the chrysarobin dye compounds—prontosil, for instance.

Well, so much for the famous discoveries. I have not touched on many: for example, the discovery of lime juice in the prevention of scurvy (James Lind—Royal Naval Hospital, 1753), cod liver oil in the prevention of rickets and the pioneering work on nutrition of Sir Edward Mellanby.

VENTILATION HELPS INTEGRATION

The Future of the Physically Handicapped

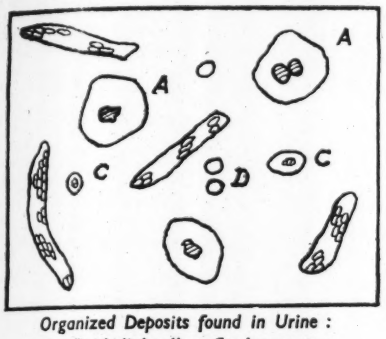
"Ventilation helps integration," this phrase was coined at a conference arranged by the Central Council for the Care of the Cripples and held in London recently. The theme of the conference was *Planning the Future for the Physically Handicapped.* The delegates ventilated their problems by joining discussions and asking questions; it appeared that the main obstacle to help being given to all physically handicapped people was that they were not registered and so they were not known to the officials.

A possible explanation of this reluctance to cooperate might be the fear that registration would bring too great an encroachment on their personal liberty. Progress would be achieved by the local authorities, the State, and the voluntary bodies working together.

Sir Edward Bligh, the Chief Officer of the Welfare Department of the London County Council, one of the speakers in the afternoon session, said that progress must not be mistaken by the mere giving of a new name to something old. He was merciless with delegates who spoke lightly of the "psychological aspects" of housebound people. They should be thought of as ordinary people needing the same things as everyone else.

There was need for the friendly visit from the clergyman, or the neighbour who came as a friend; and it was not advisable that all the visiting should be done by paid officials. When he was young, no housebound person who was known to church or chapel members was ever left without a friend. The mixed club for the physically handicapped was very valuable; but there was no doubt that some preferred to live in institutions, where they were neither unhappy nor neglected. Holidays and other amenities were encouraged as they gave a feeling of homeliness and friendship; institutions built under the poor law were known as workhouses; they were now known as Part 3 Accommodation Public Assistance.

Dr. G. S. Wigley, M.R.C.S., L.R.C.P., deputy Medical Officer, West Ham, spoke of the great value of the work of the Home Nursing Service, and the Home Help. Rationing would be the possible explanation for the lack of good neighbourliness to-day; it was not fair to expect the housewife, who had served the community so well in many ways, to deal with other's ration books as well as her own. The whole success of future planning might well be based on integration of the good methods of the old days with the good methods of the modern days.



Organized Deposits found in Urine :
A : Epithelial cells. C : Leucocytes.
D : Red blood cells.

SOME NOTES ON THE INTERPRETATION OF THE COMMON LABORATORY EXAMINATIONS

2.—*Urine Examinations*

By MARGARET LOVETT

IN this article I am going to deal with that part of urine examination which can only be carried out in the clinical pathology laboratory, my object being to give the student nurse some idea as to why these examinations have been asked for and the significance of the results.

When a catheter specimen of urine is sent to the laboratory the medical officer usually asks for an examination of the deposit and organisms. The deposit is obtained by putting some of the urine in a special type of test tube and spinning it in a centrifuge. This causes the solid substances in the urine to go to the bottom of the tube. After spinning, the supernatant fluid is poured off and a drop of the deposit is placed on a clean glass slide. This is covered with a coverslip and the deposit is examined under the microscope. The following substances are commonly found :—

Epithelial cells.—The presence of epithelial cells in urine has no pathological significance. In the deposit of urine from women they are often abundant.

Pus.—Pus cells and leucocytes are the same; the latter name is more commonly used in laboratory reports. The number of leucocytes found in a field seen under the higher objective is counted and reported. If the number of leucocytes per field is more than ten, it is indicative of some inflammatory process in the urinary tract. It is essential that precautions be taken to ensure that the leucocytes are from the urinary tract. A catheter specimen must be taken from women to ensure this.

Blood.—The presence of red blood corpuscles in the urine can be detected under the microscope when other tests would yield negative results. Care must be taken to ensure that the urine specimen is from the urinary tract only; vaginal and even rectal bleeding must be excluded. As with leucocytes, the number of red cells found in a field under the higher power objective are counted and reported. The causes of bleeding in the urinary tract may be :—trauma ; acute infections of any part of the renal tract, including tuberculosis; benign or malignant growths; acute nephritis and acute relapses of chronic nephritis; general systemic diseases, *e.g.*, purpura, leukaemia; idiopathic haematuria, for which no cause can be found. There are other causes but those listed above are most likely to be met in this country.

Casts.—Casts are products of the cells lining the renal tubes. In health, when the tubules are patent, they are not formed, except that rarely, granular and hyaline casts may be found in the urine of healthy people. Casts are classified according to their structure. The presence of different varieties in the urine has a different significance. Casts may be cellular, granular or amorphous.

Cellular casts are sub-divided according to the type of cell present. *Epithelial cell casts* contain the mononuclear cells of the shed renal tubules. They are present in cases of chronic nephritis. *Red cell casts* are filled with red blood corpuscles. Single red cells are always found in the deposits which contain them. Red cell casts are present in the deposit of the urine of individuals suffering from acute nephritis and are indicative of an acute phase of the disease. *Leucocyte casts* are similar to the red cell casts except that leucocytes fill the cast structure. Their presence indicates active nephritis, usually of an acute type. Probably the most common form of cast found are *granular casts*. It is thought that they are epithelial cell casts in a later stage of development. They are present in the urine in the early stages of acute nephritis and in chronic parenchymatous nephritis.

The commonest form of the amorphous cast group is the *hyaline cast*. This cast is found in every type of nephritis. It is often the only kind of cast found in the urine of patients suffering from chronic interstitial nephritis, and in renal damage due to hyperpiesia. It is occasionally found in the urine of healthy individuals.

The foregoing are examples or organised substances present in urine deposits. The following are some of the unorganised deposits present.

Urates.—These are present as crystals. They occur frequently in the deposit of urine from healthy people, particularly after excessive sweating. Urates are also found in quantity in the urine of persons suffering from heart failure and during fever.

Uric acid.—This occurs under the same conditions as urates.

Calcium oxalate.—Calcium oxalate is commonly found in normal urine and has no pathological significance. It is often abundant after certain fruits and vegetables have been eaten, *e.g.*, rhubarb.

Phosphates, amorphous and triple phosphates.—The presence of these substances in urinary deposit has no significance, except that they are only to be found in alkaline urine.

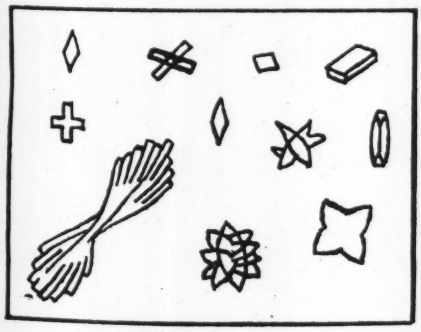
Organisms. — Cultures are obtained by placing a small amount of the deposit of a catheter specimen of urine which has been collected into a sterile bottle, on to a suitable medium. This medium is incubated for at least forty-eight hours and the resultant growth is then examined. The most usual organisms present in urine are :—*staphylococci, streptococci, Bacilli coli, Smegma bacilli* and *tuberculosis bacilli*.

The presence of staphylococci may cause cystitis. *Bacilli coli* are often found in the urine of healthy individuals, especially women. If there is no pus the bacilli are not activily producing disease. The *Bacilli coli* are responsible for latent, acute or chronic types of infection. In the *latent type*, the urine is normal in appearance and no bacilli are present in the deposit. A growth of *Bacilli coli* is, however, obtained on culture. This type may develop into the *acute* in which there is high fever and there may be rigors. The patient may be acutely ill. Albumen is present in the urine in this condition. In the deposit a few red cells, and many bacilli and leucocytes are present. The *chronic type* of *Bacilli coli* infection is characterized by a mild intermittent pyrexia. The urine gives an acid reaction and shows traces of albumen; its deposit shows leucocytes and micro-organisms.

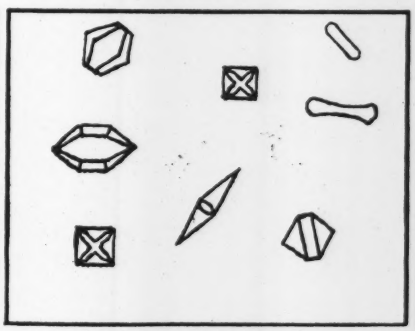
The presence of the *bacilli tuberculosis* is usually demonstrated by means of the Ziehl-Neelson method of staining. A Ziehl-Neelson positive result indicates the presence of the bacilli.

In some cases the laboratory report will record that the organisms present were either Gram negative or Gram positive. Gram is the name of a particular staining method used in the staining of bacteria. The reaction of the bacteria to this stain determines their kind. Gram positive organisms include the *staphylococci* and *streptococci*, Gram negative the *coliform bacilli* and the *smegma bacilli*.

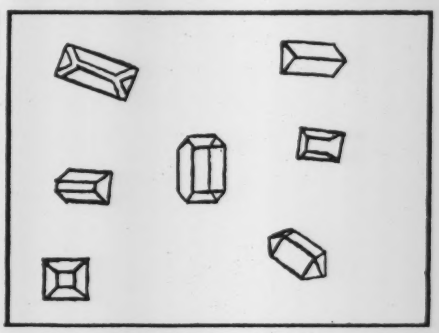
UNORGANIZED DEPOSITS FOUND IN URINE



Uric Acid Crystals



Calcium Oxalate Crystals



Triple Phosphate Crystals

EDWARD JENNER, M.D., F.R.S.

(*Continued from page* 383)

which, as I ventured to predict, produced no effect. I shall now pursue my experiments with redoubled ardour." [14]

Still Jenner did not announce his theory, carrying out further experiments before writing and publishing his book. It is interesting to notice the alterations which he made in the original draft, which is written in his legible hand, though the writing becomes less legible and the copy more complicated with insertions as the author becomes more deeply involved in his subject.

The *Inquiry*, one of the most important works in medical literature, is a slim volume of 75 pages. There are a number of errata, but it is beautifully printed and produced, and the illustrations are outstanding. These are in colour and must be some of the best clinical illustrations. They show the pustule in its various stages far better than the modern colour photograph and are a great credit to the annoymous artist who produced them and the block makers who printed them.

The book created immediate interest, but by no means immediate acceptance. At first no one in London would be vaccinated, but in August, Cline vaccinated patients at St. Thomas's Hospital with lymph supplied by Jenner. [15] Cline advised Jenner to settle in practice in London, where he said, he would make a fortune, but Jenner preferred to return to Berkeley. When Jenner was eventually persuaded to practise in London (at Harford Street, Mayfair, in 1801) he was not very successful, and soon gave it up.

Vaccination did not secure a wholly enthusiastic reception, any more than have most medical discoveries, an outstanding exception to that rule being, of course, penicillin. At a critical point, support was forthcoming from Dr. George Pearson, physician to St. George's Hospital and lecturer in *Materia Medica* at the medical school there. Doctors respected this well-known London physician and famous chemist where they did not take much notice of the country doctor of Berkeley, and Pearson's paper *An Inquiry concerning the History of the Cow-Pox. Principally with a view to supercede and extinguish Small Pox* (*London*, 1798) produced a great effect. [16]

A year after the *Inquiry* appeared, Jenner wrote another book [17] in which he dealt with some of the objections which had been raised.

Recognition in his Lifetime

Jenner, however, received full recognition in his lifetime and the value of vaccination was recognized.

> " Nothing can be more flattering to my feelings," he wrote to the Rev. Clinch, of Newfoundland, on March 12, 1801,[18] " than the manner in which it is spreading thro' the globe. At present I am some thousands out of Pocket by the necessity I was under of living so much in London and throwing myself out of the way of business that brought me in a good income. But I am in hopes the Parliament and Public Donations from different Quarters in some form or another will set all this to rights."*

Parliament did, in fact, grant Jenner £10,000 the year after, although, characteristically of government departments, the money was not paid until two years later, when nearly £1,000 in fees was deducted—and there was a further Parliamentary grant of £20,000 in 1807 ; but this money, although more generous than a doctor would receive in similar circumstances to-day, probably did not compensate him for his losses. Jenner spent some £6,000 at least in propagating vaccination, because he believed in its value.[19] Poems in praise of vaccination were written in English, French and Italian.[20] Jenner was honoured, too, by royalty. He saw the Grand Duchess of Oldenburgh in the Pulteney Hotel, London, (he found her very knowledgeable in medical matters), and there, also, he met her brother, the Czar of Russia.[21] The first child to be vaccinated in Russia was a girl who, to commemorate the occasion, was named Vaccinoff. When Britain was at war with France, Dr. Jenner secured the release of some prisoners, the Emperor Napoleon declaring that nothing could be refused to such a benefactor of mankind. Many years after his death, a statue to the memory of Jenner subscribed for by all nations, was erected in Trafalgar Square ; it was unveiled on April 30, 1858, and was removed to Kensington in 1862.[22]

An Annual Festival

According to Baron, May 14, the date when Jenner performed the vital confirmatory experiment of inserting the small-pox into the arm of the boy Phipps, used to be an annual festival in Berlin to commemorate the event. Unfortunately I have not been able to find out much about this festival, but a letter from Dr. Bernhard Christopher Faust to Dr. Bremer, Director of the State Vaccination Clinic, Berlin, dated February 26, 1823, says : " People should weep openly because of Jenner's death. I would like to have publicly exhorted the people to do this, but this would have been thought bold, and the idea would have been ridiculed. But on the 14th May, do propose, dear friend : That in this year of Jenner's death, all doctors of Berlin should, in honour of Jenner and in mourning for him wear black crêpe on May 17th and walk in solemn procession, and plant a cyprus tree in the hallowed place in memory of this benefactor of all people. Make such arrangements. Do that my friend! Jenner will look down on it benevolently from his heavenly dwelling. This shows the esteem in which Jenner was held in his own day. Dr. Faust (1755-1842) specialised in the development of vaccination and wrote several books on hygiene, of which *Personal Hygiene for Use in Schools and in the Home*, first published in 1794, went through many editions, that of Roller appearing in 1909.[23] In the town of Bueckeburg, where he practised, Dr. Faust used to commemorate May 14 each year by distributing hundreds of " Kuhpuockenkirngel " (a species of Bretzel cake) to the children—surely the most charming way to commemorate a medical discovery, and one which Jenner would especially appreciate.[24]

As might be expected, it was in Germany that vaccination was first made compulsory—in the kingdom of Bavaria in 1807. It was compulsory in England from 1853 until 1947, and in Scotland from 1863 until the same year. Lady Peyton, wife of Lord Rous, " stimulated the professional gentlemen in her neighbourhood" to undertake vaccination, which is one example of the early interest taken in vaccination. Further " she herself became one of the most energetic and successful of vaccinators."[25] It is worth recalling women like this when one is led to believe that in the old days women took no part in professional work in medicine and nursing.

The Technique of Vaccination

In one of the Royal College of Surgeons letters, Jenner, discussing the technique of vaccination, says :[26]

> " Remember it is always best to transfer the Virus from arm to arm as soon as the pustule fairly assumes a vesicular appearance ; consequently the 5th, 6th, 7th and 8th days are the best."*

In a letter in reply to an enquiry for his views on using a solution for vaccination, he wrote : [27]

> " The Idea of using the dissolved vaccine scab for the purpose of Vaccination I believe first suggested itself to Mr. Bryce of Edinburgh, since he made it known it has been used in various parts of the world with general success . . . But I feel confident that in whatever form or state we use the matter subsequent examination by the Eye alone must determine whether it has produced its proper effect. Should a vaccine pustule arise and pass thro' its stages *correctly* the Patient has obtained security from the small-pox."*

The Royal Jennerian Society " for the Extermination of the Small-Pox, by the Extension of Vaccination " was founded as a result of " a very numerous and highly respectable meeting, holden at the London Tavern, on Wednesday, January 19, 1803."[28] It had a rather chequered career, being disowned by Jenner, becoming defunct, and being resuscitated in 1813. The complicated story of the various vaccine institutions is told in some detail in Abraham's *Lettsom*, p. 346, *et seq.* ; any nurse in London who cares to do so can easily see a number of the annual reports of the Royal Jennerian Society on application at Sir John Soane's Museum in Lincoln's Inn Fields. In connection with the centenary, in 1897, of the publication of the *Inquiry*, a fund was raised (mainly contributed to by Lord Iveagh) to establish as a memorial a " Jenner Institute of Preventive Medicine." The name was changed to the " Lister Institute " because it was found that there was a firm trading under the title of the " Jenner Institute for Calf-Lymph ",[29] and thus there is no institution commemorating Jenner's name as the names of Lister and Ross are commemorated.

An Attack of Typhus

In 1794 an attack of typhus seriously affected Jenner, and he moved to Cheltenham,[30] where he remained and practised until his wife's death on September 14, 1815. He then returned to his native Berkeley, where he lived for the rest of his life. His home was the Chantry House, adjoining the churchyard.[31] He had his garden and his birds—he always loved birds and when his daughter was young he wrote a poem for her on the robin. There were sheldrake ducks, pigeons and fowls " which are never killed for the table." Their owner and protector could sit in the summer house which he had had put up in a position commanding a fine view across to Stinchcombe Hill. Jenner was much liked in the village. When the boy Phipps, a man now, developed tuberculosis, Jenner had a cottage built for him.

It was at the Chantry House that Jenner died, after a seizure, on January 26, 1823. A grateful country would have provided him with a burial in Westminster Abbey, but it was his wish to be buried at Berkeley in the church where his father, his grandfather and his brother-in-law (the husband of his sister Mary) had officiated as vicar in their several generations. There, in the chancel on the north side of the High Altar, he rests still, beside his wife and other relations in the family vault.

What sort of a man was Jenner personally ? We have seen that he was the true medical scientist—observant, patient and keenly interested in people. As to his habits, " he used to ride to his patients wearing a blue coat and top boots with silver spurs, and was careful of his personal appearance." His wide interests are shown by the diversity of the subject matter of his papers ; in 1810, for instance, one which he contributed to the Royal Medical and Chirurgical Society of London (now the Royal Society of Medicine) was headed " On Distemper in Dogs ".[32]

That he was an affectionate man, craving for companionship—perhaps a little self-pitying—is shown by the letter to his friend Baron : [33]

> "I shan't have a soul to speak to ere long. Even Henry Jenner is about to leave the place, and Stephen might as well be dead as in the state he is ; so that it seems I must either migrate myself,

or spend the remainder of my days in a solitary Cell. This seems hard ; but I suppose it is all right or it would not be so—Whether right or wrong in this extreme case I hope you will sometimes come and see your old sincere Friend. Edw. Jenner."*

His private letters show him in another light, also, for they are humorous and goodnatured. In a letter to one of his sisters, Mrs. Davies, then living at Eastington, Stroud, Gloucestershire, he wrote [3] :

"My dear wife on the whole gains ground. She rides greatly on a quiet pony when the weather will permit. You talk of her trotting round the town of Berkeley with you. I have no objection provided you bring a horse. It will be rather a singular exhibition. Could not one contrive to get a penny by it ?

"I had a hundred and thirty people at my house Monday to be vaccinated, for which I shall receive (are you a mathmetician ?) £0 0s. 0d."*

Jenner frequently joked about himself. In a letter to Baron, in which he confessed he could not remember whether he had sent a certain circular or not, he wrote : [35]

"If not you must attribute it to the present state of my head ; which, unless I keep it nicely balanc'd on its pedestal, would fall off."*

Another letter begins with the protest : [36]

"Do for mercy's sake put an end to the importunities of my Town Correspondents."*

These private letters give glimpses of little trials and throw interesting light on professional procedures : [37]

"You must have been surprised at receiving an unsealed Note from me this morning brought by young Ferryman. We are full of blunders here. The Note was left on my table, and in my absence the servant inadvertently gave it to Ferryman. As it happened its contents were not *very* consequential ; and I dare say were not read. However, I thought it proper to send this by way of explanation."*

Outspoken Correspondence

Later letters were not sent by hand but by country penny post, and they bear the hand-stamp "Dursley Penny Post," for this was before the adhesive postage stamp and the penny post of Rowland Hill.[38]

Jenner could be outspoken in his private correspondence.

"Who in the name of wonder could have sent the ridiculous paragraph respecting Colonel Birkeley's indisposition to the Cheltenham Chronicle ? " he wrote to Baron.[39] "There was everything in it but truth. I hope you saw it and can tell me the author. Is it *possible* it might have gone from *Gloucester* ? The credit your Colleague has got by his visit is unbounded . . . "*

Another letter to Baron contains this postscript : [40]

"Two persons dead of the smallpox here ! one thro' the inattention of Mr. Freeman who is spreading the disease from a total indifference about the Parish Poor over whom he presides as Doctor."*

It would appear that the last of Jenner's letters was to a grandnephew of his, named William.[41] He wrote it the day before he had his fatal seizure. Only a copy of the letter remains, and that was found by accident ; it is here reproduced for the first time : [42]

"My dear William,

"I hear by your Father that you will return in a few days to Bristol. Be assured you will take with you my best wishes and affections, which I present to you with greater delight than at any former period, because you are more entitled to them. For I am happy to certify that no Boy could behave better than you did, during your stay with me at the Chantry. Pursue this line of good conduct my dear William and you will be happy yourself and make your father and everyone who loves you happy too.

"Your affectionate Uncle,

"Edw. Jenner."*

In Berkeley to-day life goes on much the same as it did when Dr. Jenner lived there. The cottage which he had built for Phipps is still there, though it has been added to and not made more beautiful in the process. The old vicarage, where he was born 200 years ago, was allowed to become so dilapidated that it was pulled down about 1886.

Another house, now the Post Office, was built on the site. The Chantry House is the vicarage to-day, and is occupied by the Rev. John H. W. Fisher, the vicar. The Rev. Fisher writes to me : "From views of the Chantry in prints made for Dr. Jenner, the bounds of the garden are still the same, and so also is the lawn, but paths have come and gone. The house itself is precisely the same, and in the photograph the ground-floor right-hand room next to the greenhouse (which also was there in his time) was his library where he was found after the seizure which proved fatal." The sheldrake ducks and pigeons, alas, have died and left no descendants, but the summer house, where Jenner doubtless used to sit and feed them and admire the view over to Stinchcombe Hill a century and a half ago, remains, though its grotto facings have faded and become rather dilapidated with the passage of time ; the thatched roof collapsed during the war, but it has been re-raftered and since the photograph was taken, is being re-thatched. This work is being done with the help of the Bristol and Gloucestershire Archaeological Society and the local Jenner Trust.[43]

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[1], *Fosbroke, T. D.* (1821) : *Berkeley Manuscripts* (*London*). [2], *Ibid* : 221-2. [3], *Royal College of Surgeons of England Manuscript 8, Box 2, Letter 23.* [4], *Dictionary of National Biography.* [5], *Baron, J.* (*1827*) "*Life of Jenner*", *Volume I* (*London*), *33.* [6], *Ibid* : *51.* [7], *Ibid.* [8], *Ibid* : *52.* [9], *Berkeley Manuscripts,*" *236.* [10], *Ibid* : *224.* [11], *Lord Macaulay* : *History of England* (*edited by C. H. Firth* ; *London, 1914*), *volume V, 2468.* [12], *Evidence at Large, as laid before the Committee of the House of Commons, respecting Dr. Jenner's discovery of Vaccination,* (*London, 1805*), *2.* [13], *This and other quotations are taken from the original manuscript in the Library of the Royal College of Surgeons. The manuscript was published in full in the* Lancet, *1923, I, 137.* [14], *Life* ; *I, 138.* [15], *This at least, is the version in the Dictionary of National Biography, and in Johnston Abraham's* Lettsom : His Life, Times, Friends, and Descendants (*London, 1933*). *The reference in the* History of Guy's Hospital, *quoted also in that of St. Thomas's, is that Mr. Harrison, Treasurer of Guy's, who was a friend of Jenner's, read a paper on Vaccination to the Physical Society of the United Borough Hospitals at Guy's and then went across the way to St. Thomas's, then situated on the opposite side of St. Thomas's Street to Guy's, and vaccinated one of Cline's patients in the leg.* (*Wilks, S., and Bettany, G. T.* : Biographical History of Guy's Hospital (*London, 1892*), *145. Parsons, F. G.* The History of St. Thomas's Hospital (*London, 1936*), *III, 7*). [16], *Lettsom* : *His Life, Times, Friends, and Descendants, 329.* [17], *Further Observations on the Variolae Vaccinae or Cow Pox.* (*London, 1799*). [18], *Royal College of Surgeons, Manuscript 8, Box 2, Letter 8.* [19], *Lettsom* : *His Life, Times, Friends, and Descendants, 341.* [20], *They are reproduced in Baron's* Life. [21], *Berkeley Manuscripts, 230.* [22], *Haydn's Dictionary of Dates,* (*edited, 1889*). [23], *Der Grosse Brockhaus, 6, 93.* [24], *I am grateful to Professor Gins, of the Robert Koch Institute, Berlin, and Miss Hodgson, Librarian, Control Commission, Berlin, for information on these points.* [25], *Life, I, 329-390.* [26], *Royal College of Surgeons* : *Manuscript 8, Box 2, Letter 8.* [27], *Royal College of Surgeons* : *Manuscript, Letter 9.* [28], *Royal Jennerian Society* : *Annual Report, 1820, 32, The London Tavern was in Bishopsgate Sreeet, E.C.* [29], *Godlee, R. J.* (*1917*) : *Lord Lister* (*London*), *498.* [30], *Berkeley Manuscripts, 230.* [31], *Berkeley Manuscripts, 226.* [32], *Moore, N.* : *and Paget, S.* : *The Royal Medical and Chirurigical Society of London* (*Aberdeen, 1905*), *19.* [33], *Royal College of Surgeons* : *Manuscript 8, Box 2, Letter 3.* [34], *British Museum* : *Additional Manuscript, 36, 540, 52.* [34], *Royal College of Surgeons* : *Manuscript, Letter 22* (*February 27, 1821*). [36], *Royal College of Surgeons* : *Manuscript, Letter 12* (*March 1, 1813*). [37], *Royal College of Surgeons* : *Manuscript, Letter 4.* [38], *Penny Posts were established in towns and cities outside London by an act of parliament passed in 1765* (*5 Geo. III, c. 25*) *but no extensions took place until 1793, when Penny Posts were brought into existence at Birmingham, Bristol, Manchester and Liverpool. Some years later they were gradually extended throughout the country and shortly before the introduction of the Uniform Penny Post they exceeded 2,000 in number.*—Information kindly supplied by the Post Office Library. [39], *Royal College of Surgeons* : *Manuscript, Letter 5.* [40], *Royal College of Surgeons, Manuscript, Letter 10.* [41] *Not to be confused with Sir William Jenner* (*1815-98*), *who distinguished between typhus and typhoid* ; *Sir William was one of the Kent Jenners and no relation of Edward Jenner.* [42], *Royal College of Surgeons* : *Manuscript, Letter 10.* [43]. *Rev. John H. W. Fisher* : *Personal information.*

Books Received

The Knife Heals Again.—By *George Sava.* (Macdonald and Company, Limited; price 10s. 6d.)

Urology for Nurses.—By *Oswald S. Lowsley, M.D., F.A.C.S.,* and *Thomas J. Kirwin, M.D., F.A.C.S., U.S.A.* (J. B. Lippincott and Company; price 36s.)

Maternity in Great Britain.—By *A Joint Committee of the Royal College of Obstetricians and Gynaecologists and the Population Investigation Committee.* (Oxford University Press; price 12s. 6d.)

Restoration Exercises for Women, embodying Stand Up and Slim Down.—By *Ettie Rout* (*Mrs. Ettie Hornibrook*). (William Heinemann Medical Books, Limited; price 7s. 6d.)

Influence of the Social Environment on Intelligence Test Scores.—By *Julian Blackburn.* (British Social Hygiene Council Publication; price 1s.)

The Venereal Diseases.—By *James Marshall, M.D., B.S., M.R.C.S., L.R.C.P.* (Macmillan and Company, Limited; price 21s.)

Handbook of Practical Bacteriology.—By *T. J. Mackie, C.B.E., M.D., D.P.H.,* and *J. E. McCartney, M.D., D.Sc.* (E. S. Livingstone; price 25s.)

A Family is Fun.—By *Alison Hawgood.* (Nicholson and Watson; price 8s. 6d.)

The Premature Baby.—By *V. Mary Crosse, O.B.E., M.D., D.P.H., M.M.S.A., D.Obst., R.C.O.G.* (J. A. Churchill, Limited, price 12s. 6d.)

Above : *Miss E. E. P. MacManus, C.B.E., a former matron of Guy's Hospital, London, presents Miss E. M. Sutton with the gold medal at the prizegiving at the Bristol Royal Hospital last week*

NURSING PROBLEMS ON THE AIR

Extracts from a broadcast by Miss E. E. P. MacManus, C.B.E.

MISS MACMANUS opened her broadcast by describing the young people of today as "good material"—as good, she thought, as any to be found in the world. The young of the new generation needed training and discipline to prune it and bring it to its finest fruit. A lot could be read in the Press about the evils of discipline, but in the course of her duties during the past years, Miss MacManus had visited many hospitals and schools of nursing and she did not believe that the vast majority of student nurses in the British Isles were oppressed, downtrodden or unhappy under their leaders and teachers. They might be overworked, so were their teachers, but that was an economic hardship outside their control.

The overwork arises because thousands more hospital beds were required than before the war, because the care of the sick in their own homes was almost an impossibility today. There were also increased medical facilities for treatment and numbers of new clinics, all demanding more nurses, but the basic factor in student nurse overwork was the heavy demand for hospital beds. On top of all this the New Health Service needed more and more nurses. Girls were not drawing back from nursing, but too much was being asked of the profession.

The call for recruits was too heavy, and in the nursing profession beyond all others compulsory recruits were not wanted. Enticements and allurements were no good ; if you wanted to make a good nurse you needed someone who really wished to care for the sick—that was the object of her study and training—and to get the best possible results, she must not be overworked. Under present conditions, if she were not overworked, and if she were given shorter hours of duty, then her seniors, the trained staff nurses and sisters were grossly overworked. And if the seniors were not overworked patients were neglected.

I do not know the solution to this shortage of young people in the nursing world, but we certainly can make better use of male and female orderlies and of part time staff of older people," said Miss MacManus. She was aware that trained nurses of good quality, kind and utterly reliable, were still needed and would always be needed, and these could not be produced without careful training and discipline. We needed to strike a very careful balance between the proposed new time saving schemes of work and the old scheme of repetitive work, which was of value because it taught increasing skill. Accurate work was second nature to the well trained nurse. Less dramatic, but perhaps the most valuable quality of all, in both doctor and nurse, was the power of intelligent observation. It would be a sin to spoil a splendid training for our student nurses by short cuts, or by foolish relaxations or enticements.

On the question of training for complete reliability Miss MacManus said that this was acquired by good discipline, which was just teaching people to control themselves. Discipline was necessary in all walks of life—in the Services, in business, and in the home.

In nursing and nurse training it was necessary to instil into the minds of the students the need for complete accuracy and reliability, for nurses—even young nurses—carry life and death in their hands.

No Short Cuts

Miss MacManus went on to say that well trained nurses were wonderful products but she wondered if it were not asking too much of them when they were taken early for training. If it were necerssay to take them early, they should be trained slowly, surely and without short cuts. The demand for nurses was not a good reason for spoiling the quality of nurses. Nurses liked justice and good conditions ; model matrons and wise teachers.

" All nursing does not come out of a book," said Miss MacManus, " it came by example and precept, and for the nurse, by watching someone more skilled than herself." That " someone " was the ward sister, who was unhonoured and unsung, and set up as a " cockshye " by sections of the press, an easy mark for every careless and indignant stone thrower. She thought that ward sisters were the finest body of women in England ; their care of the sick was unceasing, and day by day they led their nurses on to be more reliable, standing behind them to rectify their mistakes, to correct them, to explain to them—and to trust them again. This was the way in which leaders were made.

Nurses led people, rich as well as poor, into ways of positive health they helped to lead the worried industrial worker out of difficulties they led mothers and children into healthier ways ; and, at the end of life, the dying up to the gate of death.

For the Student Nurse

FINAL EXAMINATION

SURGERY AND GYNAECOLOGY AND SURGICAL AND GYNAECOLOGICAL NURSING

Ruptured Ectopic Pregnancy

QUESTION 5.—*What would lead you to suspect that a woman was suffering from a ruptured ectopic (tubal) pregnancy? What is the treatment of the condition?*

The patient suspected of suffering from a ruptured tubal pregnancy will complain of a sudden attack of acute abdominal pain with nausea and vomiting. She will look extremely pale, her skin will be cold and clammy, her temperature subnormal, and the pulse rapid and feeble. She will be in a severely collapsed condition showing the signs of internal bleeding and shock. On enquiry, it is usually found that the patient has missed one or two menstrual periods and now has some bleeding *per vaginam*, while the breasts may show signs of activity, suggesting a pregnancy of a few weeks' duration. The abdomen will be found distended, rigid and tender on examination.

Treatment.—This is a case of an abdominal emergency and the treatment is always operative, however ill the patient may be, in order to stop the bleeding. The patient is admitted to hospital and very often is taken straight to the theatre; but, if in the ward awaiting operation, everything possible should be done to combat the profound state of shock. The patient should be kept warm and at complete rest; morphine, gr. ¼, is usually ordered; the foot of the bed may be raised.

The patient will be catheterized, but it is not usual to give an enema saponis. A blood count is taken, and the blood grouped, but a transfusion will not be started until the bleeding has been stopped. The skin of the abdomen may be prepared for operation after the anaesthetic is given if the shock has been severe.

The operation itself consists of a salpingectomy on the affected side, and the removal of blood-clot from the peritoneal cavity. As soon as the Fallopian tube has been clamped and the bleeding stopped, a blood-transfusion is started immediately.

Following the operation the patient is returned to the ward and placed in a previously prepared and warm bed, with her head and shoulders turned well to one side to ensure a clear airway until she has regained consciousness. She is then gradually sat up. The patient's temperature, pulse and respirations must be carefully noted, and all vulval pads saved for inspection. A fluid intake and output chart will be kept; the blood count will be taken frequently. If post-operative pain is severe, morphine, gr. ¼, is usually given for its relief. Sometimes the breasts may need a firm bandage to inhibit any activity. As soon as the patient has fully recovered from the shock, she usually makes a rapid and uninterrupted recovery.

Answers to State Examination Questions

By the Sister Tutor Section, Royal College of Nursing

Correspondence

Ideas for Public Health

Your leading article in the *Nursing Times* of April 30 should bring forward ideas and suggestions from all corners of the Public Health field.

The majority of workers in this field have felt for a long time the crying need for re-organization of the Public Health Nursing Services. We have varied our methods extraordinarily little to meet the social changes of the past forty years. and although the work still calls for the same personal qualities as were possessed by those early pioneers of the service, the very different social problems of to-day, together with more educated and health conscious parents, developments in all social services, advances in medicine, particularly chemotherapy call for a radical change in Public Health organization, and on this will depend changes in training. Who is to be responsible for these changes? What ideas and suggestions have Public Health Nurses to offer?

You ask three pertinent questions—as a result of the suggestions put forward by Dr. Fraser Brockington and Dr. I. G. Davies. (1) What type of person do they aim at producing? (2) Will two isolated and separate trainings, taken in succession and without any particular relation to each other—both of which are essentially basic, produce any sort of specialist? (3) Can any one human being be trained adequately to undertake such a variety of specialized duties?

In attempting to answer these I would begin with the last, and say—although such a person might have adequate training, I believe she would be "overloaded," and that her work would suffer from frustration in her inability, as an individual, to cover so much and such diverse ground.

Secondly, I doubt whether the two types of training, related, and yet with a fundamentally different appeal, would call to the same person. Where we have suffered most in the past is from over specialization; can we not also become too comprehensive? Is there not a limit to the departments in which one person can be specialist?

To go back to the first, and fundamental question, I believe we need two main bodies of workers in the public health field, to meet the needs of the community and the National Health Service Act:—(1) The clinical worker. (2) The social welfare worker, the two groups working together in the closest liaison. For the former I suggest the District Nurse-Midwife-Health Visitor. For the latter the qualified social worker, with a social science diploma.

There would be necessary readjustments to the syllabus for both courses, and the comprehensive basic training suggested in the Nurses' Working Party Report would be the first step for the clinical worker.

Given a manageable population the fully qualified clinical worker can attend to the needs of the whole family, both in the teaching of prevention, and care during sickness, using the lessons of sickness as teaching for future prevention. In her teaching of mothercraft, or parentcraft, steering the school child through the early stages of adolescence, she will prevent many of the problems with which we are faced in our care of the aged and the chronic sick.

Where possible the clinical and social workers will work from the same centre, and there will be a close linking up of all records, and frequent meetings for discussion.

Supporting these two main groups would be clinical assistants, for non-specialized duties, assistant nurses, working under the direction of the clinical workers and others.

There is great need for experiment before we commit courselves to long term plans, and no scheme can be fully approved or condemned until it has proved itself in practice.

D. GOODWIN.

HELSTON FURRY DANCE

May 8 is one of the feasts of St. Michael, Patron Saint of Helston. The famous Furry Dance is held on this date—this year on May 7, as May 8 was a Sunday. "Furry" is a local pronunciation of the Latin *Feriae* (a festival holiday). The dignity and charm of this ceremony are impressive. Many houses are decorated throughout the town and the dancers join up behind their Mayor. The band is composed of trumpets and drums and play the quaint tune with which most of us are familiar. The gentlemen in silk hats and frock coats partnering the ladies in long summer frocks and garden party hats proceed with a tripping step. As the music changes each man takes as his partner the lady before or behind him, dancing around together then resuming their places and proceeding as before. As each decorated house is reached the procession enters by the back door, dancing through the house and out at the front, and so on to the next—the houses that had gardens greatly enhanced the charm of the scene.

Acknowledgments

Miss H. E. Mills, until recently Assistant Matron at St. Stephen's Hospital, Fulham Road, London, S.W., would like to thank all past and present members of the staff who were associated with the presentation on the occasion of her retirement.

✦ ✦ ✦

Miss S. E. Plowman sends her very grateful thanks to the past and present members of the nursing staff of the Bristol Royal Hospital who have contributed to the very handsome cheque which she has just received as a farewell retirement present.

She sends her deep gratitude and affectionate remembrances to them all.

Correction

Miss O. Baggallay, M.B.E., LL.B., S.R.N., who, as announced last week, has been appointed Nurse Consultant to the World Health Organization, was not an enrolled member of the Queen's Institute of District Nursing, although she at one time did district nursing from a Queen's nurses' home.

A READER'S REQUEST

Would any reader care to pass on her copy of the *Nursing Times*, to Miss E. Montgomery, 18, Clark Street, Renfrew, Renfrewshire, Scotland.

NATIONAL COUNCIL OF NURSES OF GREAT BRITAIN AND NORTHERN IRELAND

Interim Conference in Stockholm

The Swedish Railways are giving a 25 per cent. reduction for all nurses attending the Interim Conference for all journeys commencing from a Swedish frontier or port to Stockholm, and for a similar return journey.

Applications for this concession are to be made direct to *Miss Elfverson, the Swedish Nurses' Association, Ostermalmsgatan* 33, *Stockholm, Sweden.* Miss Elfverson will then issue a signed voucher which nurses should present to their travel agent in this country if they wish to avail themselves of this privilege.

Nurses who are arranging their travel through Messrs. Kearsley, Limited, are asked not to make application as the agent already has the matter in hand for them.

New Vaccination Technique

A film showing a new technique in vaccination against smallpox has recently been made by Dr. Brian Stanford for A. de St. Dalmas and Company, Limited. Instead of the scratch technique, it shows vaccination by the multiple pressure technique which claims to have a greater proportion of "takes" with less trauma and equal immunizing power. The lymph is "stroked" into the skin by movement of the needle which presses on the skin. The film. which is of 10 minutes' duration, is a 16 m.m. silent film in colour. It shows primary vaccination of an infant in the home, and vaccination of an adult in a clinic. The film is designed for the use of general practitioners, but the new technique will be of interest to nurses. No dressing is needed until vesiculation begins, unless a person is employed in a dirty occupation.

Left: *a picture from the film showing the new technique of vaccination by multiple pressure*

STYLES AND COLOUR IN CLOAKS AND DRESSES

Below: *Nurse mannequins at Friern Hospital, display selections of uniform styles for their colleagues to see, before they record their votes which will be used by the authorities when they make selections for the new uniforms for their staff*

Retirement from China : **Left :** *Some of the nursing staff in the medical department, Hong Kong, at a farewell tea party for Miss F. A. Cranfield, matron of Queen Mary Hospital (sixth from left), who is retiring ; Miss I. N. Watkins, Principal Matron is seated on her right. The matrons and sisters in the Government Hospitals in Hong Kong are members of Queen Elizabeth's Colonial Nursing Service*

ABOUT OURSELVES

New Matron for Bristol Hospital

Miss C. M. Butland has been appointed as Matron to the Frenchay Hospital, Bristol, which now incorporates into a hospital of 630 beds the former Frenchay Park Children's Sanatorium and Orthopaedic Hospital and the Frenchay Park General Hospital, which, during the war, was an Emergency Medical Service Hospital occupied by the American Forces.

Miss Butland trained at St. Bartholomew's Hospital, London, and, for midwifery, at the Bristol Royal Infirmary. For the past two years she has been Matron of Gravesend and North Kent Hospital, where she has organised successfully a training scheme for student nurses, work which it is hoped she will continue at Frenchay Hospital in the near future. Matron and Senior Sister in the Territorial Army Nursing Service from 1940-46, she served with the B.E.F. in France and Belgium and with the Eighth Army in the Middle East and Italy, finally serving for a period in India.

Frenchay Hospital, at which Miss Butland took up her post on May 1, already accommodates among other departments the South West Regional Units of Thoracic Surgery and Neurosurgery. It is intended to establish a Plastic Surgery Department for the same area in the near future.

Queen's Nurses Train as Health Visitors

The Queen's Institute of District Nursing has established a new training course for health visitors at Bolton Technical College. At a reception held there on April 21, the Principal of the College, Mr. J. W. Simpkin, introduced the speakers, Mrs. Henry Brooke, Chairman of the Training Committee of the Queen's Institute of District Nursing, and Alderman Mrs. Wright, Chairman of the Bolton Education Committee. Mrs. Brooke said that this was the second such course started by the Queen's Institute of District Nursing, and thanked all those who had inaugurated the course. Mr. Simpkin said how pleased he was at being able to help in this social and preventive work and he expressed his appreciation of the work of the tutor to the health visitor students, Miss Blackmore. Among those present were Miss E. M. Crothers, General Superintendent of the Queen's Institute of District Nursing, and Miss E. J. Merry, Education Officer to the Queen's Institute of District Nursing. There are 24 health visitor students in training at Bolton and new courses will be continued every January and September at the College.

International Hospital Federation

According to a statement from the Minister of Health, the expenses of members and officers of Boards and Committees who wish to attend the International Hospital Federation's Congress in Holland from May 30 to June 4, 1949, should not be met from Exchequer funds, but he would have no objection to the appropriate officers being granted special leave with pay for the purpose of attending the Congress. He has also said that any Regional Board or Board of Governors may pay the annual subscription to the Federation out of Exchequer Funds, and that these funds may also be used to pay the subscription for any association of Boards or of Management Committees, but not for individual Management Committees. Details of the Federation and of the Congress in Holland may be obtained from *Captain J.E.Stone, Honorary Secretary and Treasurer, The King Edward's Hospital Fund for London, 10, Old Jewry, London, E.C.2.*

Student District Nurses' Allowances

A letter from the Minister of Health to the general secretary of the Queen's Institute of District Nursing, states that the new annual training allowance of £140, plus emoluments valued at £100 a year, applies to both men and women students. The Ministry also states that the anomalous position of the first year qualified district nurse, whose salary is only the same as the student district nurse's allowance, will be rectified when the revised scales for trained district nurses are agreed by the Whitley Council.

Students are Baby Sitters

Oldham student nurses are joining the Health Department's scheme for baby sitters to enable parents to go out for the evening and leave their children in capable hands. The charges are half a crown an evening plus travelling expenses, and each student will be able to do only one night's duty a week.

St. Luke's Obstetric Unit

An interesting report has been issued on the work of the Obstetric Unit of St. Luke's Maternity Hospital, Bradford. During 1947, 2,630 women were confined there and more than half of these were *primigravidae*. The nursing staff at the hospital comprises 15 midwives, 19 pupil midwives and 30 part time workers. The report states that it is doubtful if any hospital in this country has accomplished so much with so few nurses. It contains a most interesting analysis of all the complicated pregnancies, the causes of stillbirths, infant deaths in hospital, premature births and various abnormalities. The conservative approach to obstetrics is stressed throughout and the report favours keeping babies with their mothers rather than in a nursery.

APPOINTMENTS

Andrews, Miss E. E. M., S.R.N., **Matron, Alnwick Inf., Northumberland.**
Trained at Royal Victoria Inf., Newcastle-upon-Tyne.

Baughan, Miss J. S., S.R.N., S.C.M., Housekeeping Certificate **Matron, Edgware General Hosp., Edgware.**
Trained at Royal Berkshire Hosp., Reading, Dillwood Maternity Hosp., Reading. *Previous appointments*: housekeeping sister, assistant matron, Royal Inf., Blackburn; matron, Clayton Hosp., Wakefield; matron, Canadian Red Cross Memorial Hosp., Taplow, Berkshire.

Cook, Miss H., S.R.N., Housekeeping Certificate, **Matron, Rooksdown House,** Plastic and Jaw Unit of Park Prewett Group.
Trained at Gravesend and North Kent Hosp. *Previous appointments*: sister, Sussex Maternity and Women's Hosp., Brighton; housekeeping sister, Royal Sussex County Hosp., Brighton; sister tutor, Royal Cornwall Inf., Truro.

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES

THE April meeting of the General Nursing Council for England and Wales was devoted mainly to routine business. It was reported that several new moves had been considered by the committees, and amongst these was the question of the inclusion of Normal Psychology in the syllabus of subjects for the Preliminary Examination. Also under discussion were the plans for the future conduct of the Preliminary and Final Examinations. No decisions of Council on these matters have yet been made public.

Attention was again focussed on reciprocal registration; this time in respect of psychiatric trained nurses in New Zealand. It was agreed that Council would accept such nurses for registration by reciprocity, on the part of the Register for Mental Nurses. This was on the understanding that the Nurses' and Midwives' Board of New Zealand would accept Mental Nurses for registration on the Register of Psychiatric Nurses (New Zealand).

The Assistant Nurses' Committee had considered the amendments to the training syllabus, necessitated by recent decisions in regard to the revision of assistant nurse training. An amended training syllabus was approved by Council, to be forwarded to the Minister of Health for approval.

Approval for hospitals as training schools was granted as follows: Queen Elizabeth Hospital, Birmingham, as a complete training school for male and female nurses; St. Alfege's Hospital, London, S.E.10; and the Friarage Hospital, Northallerton, as complete training schools for male nurses, for a period of two years; Bethlem Hospital, Beckenham, Kent, together with the Maudsley Hospital, Denmark Hill, as a complete training school for mental nurses ; the West End Hospital for Nervous Diseases, London, W.1, as a complete training school for assistant nurses, for two years. The name of the Cowley Road Hospital, Oxford, was withdrawn from the list of approved training schools for assistant nurses. The whole-time pre-nursing course of one year at the Nativity Convent School for Girls, Leicester, was approved for purposes of Part 1 of the Preliminary Examination.

The name of Winifred Lilian Emily Sherriff (*nee* Bennett), S.R.N., 138353, was removed from the Register of Nurses.

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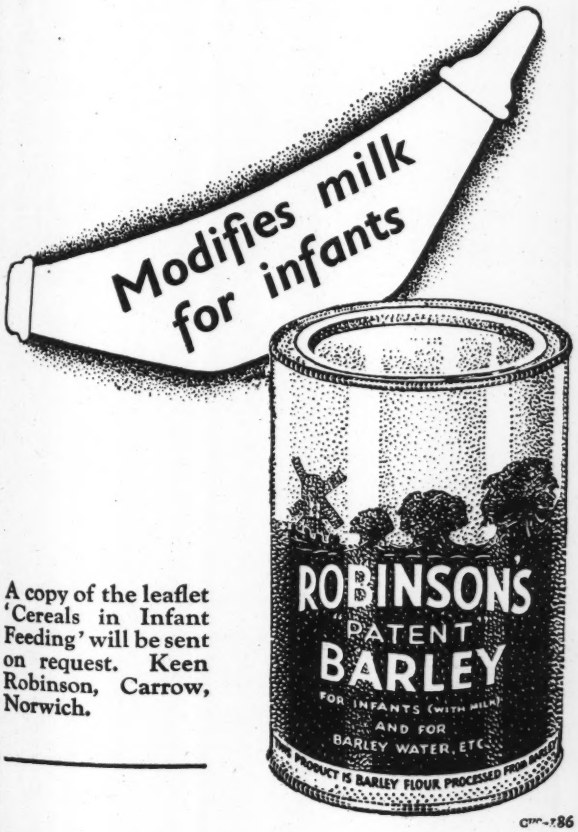

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